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City of Birmingham.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1928.

BIRMINGHAM:
TEMPLAR PRINTING WORKS, EDMUND STREET.

1929.







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TABLE OF CONTENTS.

										Page.
Introduction				•••	• • •	• • •	•••	•••	• • •	5
I.—STATISTICS										
Area and Population			•••	• • •			•••		•••	7
Number of Houses and Births	-		• • •	• • • •	•••	• • •	• • •	• • •	•••	7
Magitimage	•••	•••	• • •	•••	• • •	• • •	•••	•••	***	8 9
Dootho	•••	•••	•••	•••	•••	•••	•••	•••	•••	10
Cancer	•••	• • •		• • • •	• • • •	•••			•••	14
Heart Disease						•••	•••			16
Bronchitis and Pneumo		•••		•••						18
Deaths in Institutions	•••	•••	•••			•••	•••		•••	20
II.—GENERAL HEALTH S	ERVICE:	S								
		~								01
Hospital Provision	•••	•••	•••	•••	•••	•••	•••	• • •	• • •	$\frac{21}{22}$
Ambulance Service Clinics and Treatment	Contros	•••	•••	• • •			• • •	• • •	•••	$\frac{22}{22}$
Public Health Officers		•••	•••	•••	•••	•••	•••	•••	•••	$\frac{22}{22}$
Professional Nursing in	~	 1e	•••			•••		•••	•••	23
Health Visitors' Work			•••						•••	25
Legislation in Force	•••	•••	•••	•••		•••	•••	•••		26
Water Supply Rivers and Streams Sewerage Scavenging and Refuse Sanitary Inspection Atmospheric Pollution Factory Chimney Smok Common Lodging Hou Houses Let in Lodging Canal Boats Factories and Worksho Shops Acts Schools	Disposal ce uses ys	 								27 27 29 29 30 32 32 34 34 34 36 37 38
IV.—HOUSING										
New Houses Built										39
Housing Statistics	•••							• • •		40
V.—INSPECTION AND SU	PERVIS	ION	OF FO	DOD						
Milk Supply										42
Inspection of Cows and										43
Tuberculosis and the M										44
Inspection of Meat and	other Fo	ods								46
						•••				46
Registered Food Prepa	ration Pro	emise:	s	• • 1			• • •		• • •	47

.—PREVALENCE OF, AND		LOVER	INFE	.0110	וע פט	SEASE	<i>ا</i> ن		Pa
Infectious Disease General	ly	•••	•••		•••	•••	• • •	• • •	
	• • • • • • • • • • • • • • • • • • • •	• • •				• • •	• • •		
	•••	• • •	• • •	• • •	• • •	•••	• • •	• • •	
	•••	•••	• • •	• • •	• • •	•••	• • •		
	•••	•••	• • •	• • •	• • •	• • •	• • •	• • •	
	•••	•••		• • •	• • • •	• • •	• • •	• • •	
	•••	•••	• • •	• • •	• • •	•••	•••		
		•••	• • •	• • •	• • •	• • •	• • •		
Immunisation against Dipht	heria	•••	• • •	• • •	• • •	• • •	• • •		
	•••	•••	•••	• • •	• • •	• • •	• • •	• • •	
	•••		• • •	•••	•••	• • •			
	•••	• • • •	• • •	• • •	• • •	• • •	• • •	• • •	
	•••	•••	• • •	• • •	• • •	• • •	• • •		
	•••	• • •		• • •	•••	• • • •	• • •		
0	•••	•••	• • •	• • •	• • •	• • •		• • •	
			• • •	•••	• • •	• • •	• • •	• • •	
		• • •							
The Anti-Tuberculosis Cen	tre					• • •			
Sanatoria for Tuberculosis		•••							
The Light Clinic, Yardley R	oad Sanat	orium							
Venereal Diseases									
City Bacteriological Labora	tory								
City Hospitals									
Disinfection									
				•••					
Civilia Tat via	•••	•••	•••	•••	•••	•••	• • •	• • •	
C1 11 1 3/6 / 11/		•••							
Deaths from Pneumonia in									
Maternity and Child Welfa									
Walker Mothercraft Shield									
Carnegie Infant Welfare In	nstitute								
Ultra Violet Light Clinics									
Training Course for Health									
Babies Hospital									
Treatment for Ear, Nose, T	Throat and	Eye Co	ndition	s					
Heathfield Road Maternity									
Maternity Cases sent to Poo	or Law Ho	spitals							
Home Helps									
Pype Hayes Hall Convales	cent Home	e							
Maternity Outfits									
Maternity Feeding Centres									
Supervision of Midwives									
Nursing Homes									
Maternal Mortality		• • • •							
Puerperal Sepsis									
Ophthalmia Neonatorum									
BLES:—									
I.—Births and Deaths in									
II.—Deaths from various					1928				
III.—Births and Deaths fro									
IV.—Infant Deaths from									
V.—Cases of Infectious I	Disease no	tified in	each w	eek of	the year				
VI.—Cases of Infectious									
VII.—Cases of Infectious I	Disease cla	ssified a							
VIII.—Meteorological Obser				•••	•••				
IX.—Meteorology and Mor			- 1009						

Public Health Department, The Council House,

BIRMINGHAM.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The data set out below indicate that the year 1928 was a satisfactory one in respect of the general health of the population. The death-rate was the lowest hitherto recorded in the City and associated with this was a relatively low death-rate from bronchitis, pneumonia and the respiratory diseases in general. The infant mortality also reached the lowest figure so far recorded in Birmingham; and further, for the second time only this figure dropped to the level of the infant mortality for England and Wales as a whole. Both these low rates were no doubt in part a reflection of the sunny and genial weather with which Birmingham, like the country at large, was favoured during an unusually large portion of the year. In the maternity and child welfare section of the report an analysis will be found of the infant mortality over a period of years considered in relation to district and to cause of death.

While the general death-rate and the infant mortality reached the lowest points so far recorded, the same has to be said, though not with the same satisfaction, in relation to the birth-rate, which dropped to 17.6 per thousand of the population, from the figure—17.8—recorded for 1927.

During the year the City Council have considered the re-drafting of the bye-laws for houses let in Lodgings, in order to increase the powers for dealing with this very difficult and generally unsatisfactory class of dwelling. The revised bye-laws did not come into effect during the year under review.

The training course for health visitors opened jointly by the University of Birmingham and the Public Health Committee in the autumn of 1927, was established on a more permanent basis early in 1928, and has proved most successful in encouraging a supply of properly trained health visitors, both for Birmingham and for neighbouring areas taking part in the scheme.

Attention may be drawn to the report, set out in the maternity and child welfare section, on deaths from pneumonia in children under five years of age. It will be seen that the cases involved mainly the poorer houses, and that the children picked out by the disease were those subject to recurrent catarrh in families where the parents in an unusually high proportion showed conditions of chronic ill-health. The report is significant in its implication that an indirect attack on the disease may nevertheless be effective, in that the improvement on the one hand of the environmental conditions implied in the alterations to housing, to general sanitation, and to scavenging, and the improvement on the other hand of the personal health of the child under the child welfare scheme and of the parent under the national insurance scheme will remove conditions at present encouraging the prevalence of the disease.

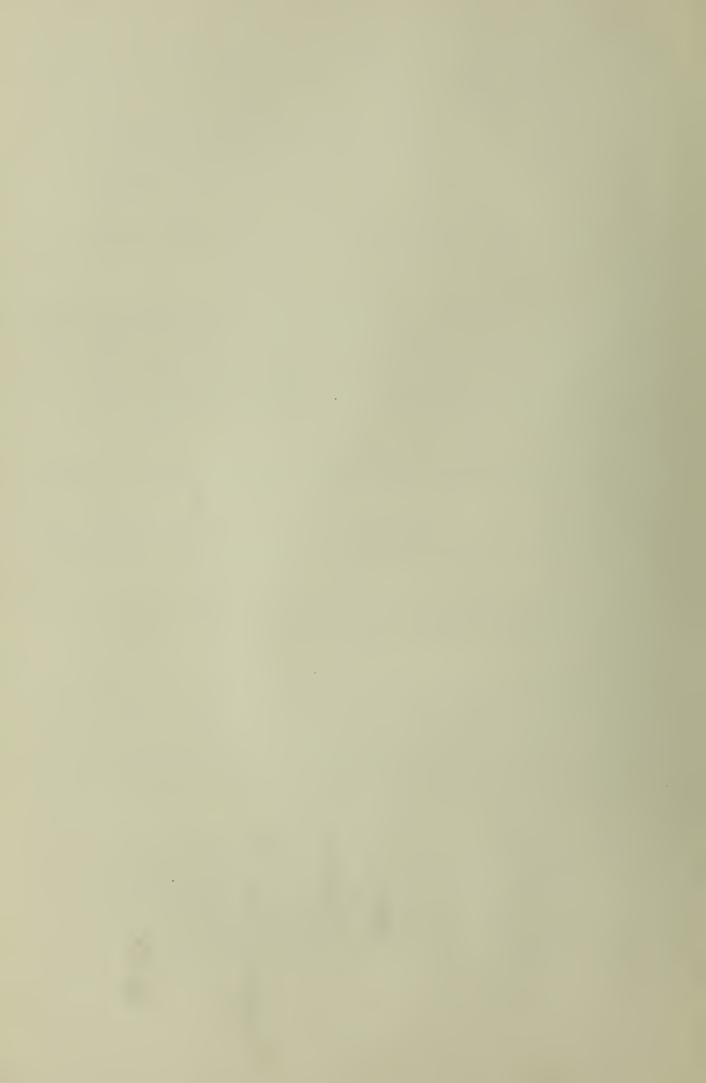
I am

Your obedient servant,

H. P. NEWSHOLME,

Medical Officer of Health.

June 24th, 1929.



City of Birmingham.

REPORT OF THE MEDICAL OFFICER OF HEALTH For the year, 1928.

SUMMARY OF STATISTICS.

Area (in acres), 46,687.

Population (Census 1921), 919,444.

Estimated by Medical Officer, 1928, 976,500.

Estimated by Registrar-General, 1928, 968,600.

Number of inhabited houses (1921), 190,459.

Number of families or separate occupiers (1921), 203,813.

Rateable value, £6,675,646.

Sum represented by a penny rate, £22,231.

Extracts from vital statistics of the year 1928:-

Births—Legitimate, 16,644.
Illegitimate, 578.
Birth Rate, 17.6. (On Registrar General's figures 18.1).

Deaths, 10,667. Death Rate, 10.9. (On Registrar General's figures 10.9).

Number of women dying in, or in consequence of, childbirth. From sepsis, 32. From other causes, 34.

Deaths of Infants under one year of age per 1,000 births:-

Legitimate, 63. Illegitimate, 111. Total, 65.

Deaths from Measles (all ages), 41.

Deaths from Whooping Cough (all ages), 163.

Deaths from Diarrhæa (under two years of age), 161.

1. STATISTICS.

POPULATION.

The local estimate of the population for 1928 has been fixed at 976,500. In view of the fact that seven years have passed since the taking of the Census, and that in many respects those years have been quite abnormal—being marked by a rapid fall in the birth-rate, a scarcity of houses, and a vast amount of unemployment—there is great difficulty in estimating the present population of the City.

The Registrar General's estimate for each year since 1921 is given below:-

1921	• • •				936,000
1922					945,100
1923					.946,400
1924					946,980
1925					945,900
1926		* ***	•••		934,300
1927	• • •	•••	• • •	•••	951,100
1928					968,600

There is nothing in the local conditions which would justify such variations in the estimated population as are shewn above, and for local purposes the population for 1928 has been obtained by taking the natural increase as shown by the excess of births over deaths and making an allowance from this figure in regard to migration.

BIRTHS.

The number of babies born in 1928 was 17,222, equal to a birth-rate of 17.6 per 1,000.

BIRTH-RATES PER 1,000.

			Bir	mingham	Engla	nd and Wales.
1901-1905				30.7	 	28.2
1906-1910				28.3	 	26.3
1911-1915				25.9	 	23.6
1916-1920				22.1	 	20.1
1921-1925	•••	•••	•••	20.8	 	19. 9
1919	•••			20.9	 	18.5
1920				27.6	 	25.5
1921				24.1	 	22.4
1922				21.5	 	20.4
1923				20.4	 	19.7
1924				19.2	 	18.8
1925				18.8	 	18.3
1926				18.7	 	17.8
1927				17.8	 	16.6
1928		•••		17.6	 	16.7

The birth-rate is the lowest on record for the City, but is still 0.9 per 1,000 above that for England and Wales.

COMPARATIVE BIRTH-RATES IN NINE LARGEST TOWNS.

(Registrar General's Figures.)

London			 				15.9 p	er 1,000
Glasgow	•		 	•••			22.3	,,
Birmingham	• • •		 				18.1	,,
Liverpool			 				21.9	,,
Manchester			 		• • •	• • •	17.2	,,
Sheffield			 				16.1	,,
Leeds			 			• • •	15.9	,,
Edinburgh		• • •	 • • •				17.3	,,
Bristol			 • • •		• • •		16.5	,,

The birth-rates in the various wards were as follows:-

	Ward.		Birth-rate. 1928.
	St. Paul's St. Mary's Duddeston and Nechells St. Bartholomew's St. Martin's and Deritend		 24.0 27.3 22.4 Average 22.1
	St. Mary's		 27.3
	Duddeston and Nechells		 22.4 Average 22.1
Central Wards	St. Bartholomew's		 21.5
	St. Martin's and Deritend		 22.2
	Market Hall Ladywood	•••	 18.4
	Ladywood	•••	 18.9)

		Lozells						16.1	
		Aston						19.8	
		Washwood H	eath					17.5	
		Saltley						17.7	
		Small Heath						15.2	
Middle Ring		Sparlabrook			15.3	Average 16 F			
		Balsall Heath						16.5	Average 16.5
		Edgbaston			•••		• • •	11.4	
		Rotton Park	•••	•••	•••	• • •	• • •	17.1	
		All Saints	•••	• • •	• • •	•••	•••		
		Aii Saiits	• • •	• • •	• • •	• • •	•••	18.2	
		Soho						13.1	
								11.5	
		Handsworth						10.2	
		Perry Barr						8.4	
		Erdington No					***	18.5	
		Erdington Sou						15.2	
		37 11						19.9	
Outer Ring		Acock's Green		• • •	• • •	•••	• • •	18.8	Average 14.3
	`	Character 1: 111		• • •	• • •	• • •	•••		
			···	 II41	• • •	• • •	• • •	17.7	
		Moseley and I		Heath		• • •		12.6	
			• • •	• • •	• • •	• • •	• • •	13.2	
		King's Norton	1	• • •	• • •			13.3	
	North	1	• • •					15.3	
		`Harborne						$12.5 \int$	

This table shows that the average birth-rate in the central wards was 22.1 in 1928, while in the suburban wards it was 14.3 Corresponding figures for the past 5 years are given in the statement below.

Average birth-	ate.	Central Wards.	Middle Ring.	Outer Ring.
1924		 25.2	18.2	15.4
1925		 24.1	17.9	15.2
1926		 24.1	17.4	14.6
1927		 22.7	16.4	15.0
1928		 22.1	16.5	14.3

The diagram on page 12 shows the position of the various wards and the division into "Central," "Middle" and "Outer."

Throughout this report statistics will be given relating to these groups of wards and the plan will therefore be of interest, not only in connection with the local distribution of the births and deaths, but also in other directions.

ILLEGITIMACY.

During 1928 there were 578 illegitimate births belonging to Birmingham; i.e., 3.4 in every 100 babies born.

The corresponding number in each year since 1921 is shown below.

		Numb	er of illegi babies born	timate		ercentage on otal Births.
1921			823			3.7
1922			719			3.6
1923			610	•••		3.2
1924			583	• • •		3.2
1925	•••	• • •	589	• • •	• • •	3.3
1926	• • •		607		***	3.4
1927		• • •	630		• • •	3.7
1928			578			3.4

Of the 578 illegitimate babies 562 were born in the City and 16 in other places to which the mother had gone for confinement.

Of the 562 babies born in the City 274 were born in institutions, 226 being in Poor Law Hospitals.

The infant mortality rate among these illegitimate babies was 111 per 1,000 as compared with 63 per 1,000 for the legitimate. The mortality rate is lower than that recorded in 1927 which was 135 per 1,000.

The following statement shows to some extent the manner in which the illegitimate babies born in 1928 were provided for:—

			562
			66
			53
			18
			425
			153
•••	•••	•••	100
			47
			53
			154
			18

DEATHS.

There were 10,667 deaths registered during 1928. In 1927 the number was 11,171, and in 1926, 10.847.

Of these deaths there were 5,575 males, 5,092 females. The death-rates represented by the above figures are as follows:—

Total death-rate, 10.9 per 1,000— Males, 12.1 per 1,000. Females, 9.9 per 1,000.

The death-rates during the past 50 years are shown in the following table.

DEATH-RATES IN BIRMINGHAM AND ENGLAND AND WALES.

		Bir	mingham.	England and Wale			
1871-1875	(Old City)		25.2	 	22.0		
1876-1880	,,		22.8	 • • •	20.8		
1881-1885	,,		20.7	 	19.4		
1886-1890	,,		20.2	 	18.9		
1891-1895	**	*,* *	20.3	 	18.7		
1896-1900	,,		20.5	 	17.7		
1901-1905	(Present Area)		16.5	 	16.0		
1906-1910	,,		15.0	 	14.7		
1911-1915	11		14.6	 	14.3		
1916-1920	,,		13.4	 	14.5		
1921-1925	,,		11.5	 	12.2		
1919	,,	•••	13.0	 	14.0		
1920	, ,	•••	12.6	 	12.4		
1921	,,		11.3	 •••	12.1		
1922	,,		12.1	 	12.8		
1923	,,		11.0	 	11.6		
1924	,,		11.6	 	12.2		
1925	,,		11.7	 	12.2		
1926	,,		11.3	 	11.6		
1927	,,	• • •	11.6	 	12.3		
1928	,,		10.9	 	11.7		

It will be noted that last year's death-rate was the lowest yet recorded and that it was 0.8 below that of England and Wales as a whole.

The Birmingham death-rate compares well with that of the other great towns, as seen from the statement appended.

COMPARATIVE DEATH-RATES IN NINE LARGEST TOWNS.

(Registrar General's Figures.)

London					•••				11.6 per 1,000
Glasgow		• • •							14.8 ,,
Birmingha	m							• • •	10.9 ,,
Liverpool	•••					• • •			12.8 ,,
Manchester	r	• • •	• • •	• • •	• • •	• • •	• •	• • •	12.9 ,,
Sheffield	•••	• • •	•••	• • •	•••	• • •	• • •	•••	11.3 ,,
Leeds	•••	•••	•••	• • •	•••	•••	• • •	• • •	12.4 ,,
Edinburgh Bristol		•••	•••	•••	•••	•••	•••	•••	13.7 ,, 11.5 ,,
DIBLID									11.0 ,,

There are still considerable variations in mortality in various wards of the City, as shown in the table below:—

DEATH-RATES IN WARDS.

		· Ward.			Ι	Death-rate	
		St. Paul's				14.7	
		St. Mary's		•••		17.5	
	1	Duddeston and No	echells			12.3	
Central Wards		St. Bartholomew's				12.9	Average 14.0
	- 1	St. Martin's and D	eritend			14.1	
	- (Market Hall	• • •	• • •	• • •	13.3	
	`	Ladywood	• • •	• • •	•••	12.9 /	
	(Lozells				12.5	
		Aston				11.6	
		Washwood Heath	• • •		• • •	9.7	
Middle Ring		Saltley	• • •	• • •	• • •	9.3	
	}	Small Heath	• • •	• • •	• • •	9.9	4 100
	- 1	Sparkbrook	•••	• • •	• • •	11.7	Average 10.8
		Balsall Heath	• • •	• • •	•••	12.2	
	- 1	Edgbaston Rotton Park	• • •	• • •	• • •	9.7	
	(All Saints'	• • •	• • •	•••	$\begin{bmatrix} 10.7 \\ 10.5 \end{bmatrix}$	
		All Saints	•••	• • •	•••	10.0	
	,	Soho				10.7	
		Sandwell				9.3	
		Handsworth		• • •	• • •	9.8	
		Perry Barr	• • •	• • •	• • •	3.2	
		Erdington North	• • •	• • •	•••	8.2	
O . D'		Erdington South	• • •	• • •	• • •	9.2	A O #
Outer Ring	{	Yardley	• • •	• • •	• • •	7.8	Average 8.7
		Acocks Green	• • •	• • •	• • • •	8.3	
		Sparkhill	II and h	• • •	• • •	7.9	
		Moseley and Kings		• • •	•••	$\begin{array}{c c} 9.5 \\ 9.1 \end{array}$	
		Selly Oak Kings Norton	•••	•••	• • •	9.1	
		Mouth-Gold	• • •	•••	•••	10.2	
	(Hankanna	•••	• • •	•••	8.7	
		пагрогие	• • •	• • •	•••	0.1	

St. Mary's ward with a death-rate of 17.5 per 1,000 was the district with the worst death-rate, followed by St. Pauls (14.7) and St. Martin's and Deritend (14.1). The population of the new Perry Barr Ward is only 2,500 and any death-rate calculated in so small a population must naturally be subject to violent fluctuations and can hardly be considered as representative of the district. Of the other wards, Yardley (7.8), Sparkhill (7.9), Erdington North (8.2), Acocks Green (8.3), and Harborne (8.7) showed the smallest mortality rates.

GROUPS OF WARDS.

It will be noticed from the table that the Central Wards had an average death-rate of 14.0, the middle ring of wards one of 10.8, and the outer ring of wards one of 8.7 per 1,000 living in these areas. The position of the wards and their death-rates can be seen on the diagram on the next page, the central wards being distinguished by a thick black line and the middle ring by a broken black line.



The average death-rate in each group in each of the last 5 years is given below:—

		Central Wards.	Middle Ring.	Outer Ring.
1924	 	14.5	11.2	9.8
1925	 •••	14.5	11.6	9.3
1926	 	14.1	10.9	9.2
1927	 	14.3	11.1	9.7
1928	 	14.0	10.8	8.7

MORTALITY AT DIFFERENT AGE PERIODS.

The mortality at different age periods during 1928 was as follows:-

					Approximate Population.	Deaths.	Approxima Death-rate per 1,000	te Per centage of Total Deaths.
U	nder 1 y	ear		 	 16,400	1,117	68.1	10.5
1	and und			 	 15,900	238	15.0	2.2
2	,,	3		 	 16,300	85	5.2	0.8
3	,,	4		 	 16,000	60	3.7	0.6
4	5.8	5		 	 16,300	47	2.9	0.4
5	,,	10		 	 78,500	180	2.3	1.7
10	,,	15		 	 87,500	104	1.2	1.0
15	,,	20		 	 90,000	207	2.3	1.9
20	,,	25		 	 86,000	266	3.1	2.5
25	,,	35		 	 151,500	498	3.3	4.7
35	,,	45		 	 136,000	775	5.7	7.3
45	,,	55		 	 117,600	1,353	11.5	12.7
55	,,	65	•••	 	 85,000	1,700	20,0	15.9
65	,,	75		 	 44,000	2,103	47.8	19.7
75	and upw	ards		 	 19,500	1,934	99.2	18.1

The table indicates the very low death-rates during childhood, adolescence, and earlier adult life, and the much heavier mortality in infancy and after the age of 45. About one quarter of the total number of deaths occur between the ages of 25 and 55, that is at the time when a person's powers should be at their best and when as a rule his responsibilities are at their highest.

The next table shows the main causes of mortality among adults of various ages up to 65 years.

DEATHS FROM CERTAIN CAUSES AT AGE PERIODS.

Deaths from	20-24	25-34	35-44	45-54	55-64
Influenza	 3	10	21	21	25
Pulmonary Tuberculosis	 94	176	192	182	85
Cancer	 4	26	94	240	399
Diseases of Nervous System	 11	26	44	111	173
Diseases of Heart and Circulation	 19	44	94	238	470
Respiratory Diseases	 29	49	122	186	206
Diseases of Digestive System	 16	32	38	88	85
Urinary System	 7	17	39	77	86
Puerperal Diseases	 5	26	31	3	
Violence	 39	39	41	94	55

It will be noted that the table continues to show that:

- (1) Pulmonary tuberculosis is decidedly the greatest cause of death between 20 and 45 years of age. There were 462 deaths from this cause and at this age period last year.
 - (2) At ages over 45 heart disease is markedly the chief cause.
 - (3) Cancer also plays a large part in the mortality from 45 to 65 years.
- (4) Kespiratory diseases generally, and diseases of the nervous system, become of increasing importance with advancing age.

The principal causes of death at all ages during 1928 were as follows:-

PRINCIPAL CAUSES OF DEATH, 1928.

				Number of deaths.	Proportion per 1,000 deaths	Average No. of deaths
				in 1928.	from all causes.	1918-27
Measles		• • •	•••	41	4	(122)
Whooping Cough			• • • •	163	15	(162)
Diphtheria			• • •	70	7	(121)
Influenza			• • •	130	12	(590)
Tuberculosis (all forms)				965	91	(1084)
Tuberculosis of respi	ratory s	ystem		840	79	(931)
Other forms of Tube	rculosis			125	12	(153)
Cancer—Malignant Dise	ase			1321	124	(1101)
Diseases of nervous systematical	em and	sense	organs	920	86	(960)
Total diseases of heart as	nd circu	lation		2353	220	(1757)
Diseases of Heart	•••			1732	162	(1359)
Other diseases of cir			m	621	58	(398)
Total diseases of respirat				1525	143	(2064)
Bronchitis				512	48	(953)
Pneumonia—all form	s			893	8.4	(983)
Other diseases of res				120	11	(128)
Total diseases of digestive				659	62	(705)
Diarrhæa and enteris				205	19	(293)
Other diseases of di	gestive .	system	ı	454	43	(412)
Non-venereal diseases of				467	44	(350)
Premature birth and disc				560	52	(704)
Old age				260	24	(499)
Violence (all forms)				543	51	(401)
Other causes '				690	65	(651)
						
	Total	Deatl	hs	10667	1000	(11271)
						

From the above figures it will be seen that the principal killing diseases were:-

Tuberculosis, 965 deaths (see page 65).

Cancer, 1,321 deaths (see below).

Heart Disease, etc., 2,353 deaths (see page 16).

Respiratory Diseases, 1525 deaths (see page 18).

INFANT MORTALITY.

(See page 91).

CANCER.

There were 1,321 deaths from cancer in Birmingham in 1928, as compared with 1,313 in 1927 and 1,205 in 1926.

The recorded death-rate from cancer has been as follows:-

DEATH-RATE PER 1,000 FROM CANCER.

			Birmingham.	England and Wales.
1901-1905	 		.74	.87
1906-1910	 		.84	.94
1911-1915	 		.94	1.06
1916-1920	 		1.03	1.18
1921-1925	 	,	1.21	1.27

1919	 		1.01	1.18
1920	 		1.12	1.17
1921	 		1.12	1.21
1922	 		1.18	1.23
1923	 		1.17	1.27
1924	 		1.30	1.30
1925	 		1.27	1.34
1926	 	• • •	1.26	1.36
1927	 		1.36	1.38
1928	 		1.35	_

The mortality from cancer was distributed over various age periods as shown below:-

CANCER MORTALITY AT VARIOUS AGES.

		Deaths, 1928.	Death-rate per 1,000.
Under 25 years	 	 20	.05
25—34 years	 	 26	.17
35—44 years	 	 94	.69
4554 years	 • • •	 240	2.04
55—64 years	 	 399	4.70
65—74 years	 	 368	8.36
75 years and over	 	 174	8.92

The distribution of the deaths over the various wards of the City was as follows:-

CANCER DEATH-RATES IN WARDS.

	Ward.	Death-rate 1928.
Central Wards	St. Paul's	$ \begin{array}{c} 1.15 \\ 1.60 \\ 0.87 \\ 1.39 \\ 1.72 \\ 1.61 \\ 1.50 \end{array} $ Average 1.41
Middle Ring	Lozells Aston Washwood Heath Saltley Small Heath Sparkbrook Balsall Heath Edgbaston Rotton Park All Saints	1.60 1.54 1.28 0.98 1.26 1.91 1.85 1.35 1.56 1.22
Outer Ring	Soho Sandwell Handsworth Perry Barr Erdington North Erdington South Yardley Acocks Green Sparkhill Moseley and Kings Heath Selly Oak Kings Norton Northfield Harborne	1.52 1.57 1.42 0.40 0.92 1.08 1.00 1.03 1.03 1.07 1.12 1.73 1.06 1.80

The mortality rate from cancer continues to be fairly equally distributed over the City.

The large table on page 17 shows approximately the primary site at which cancer started in the cases which proved fatal in 1928.

It will be noted these are as follows:-

	Lips, tongue, palate or jaw Pharynx, œsophagus, stomach, li	 iver				84 366	
2	Peritoneum, intestine, rectum				•••		
υ.	Terrioneum, miestine, rectum	•••	• • •	•••	•••	303	==0
							753
	Female organs of reproduction	• • •				142	
5.	Breast					150	
	•						292
6.	Skin						12
				• • •	• • •		
1.	Other organs	•••	• • •	• • •	• • • •		264
							1321

In more than half the fatal cases of cancer the primary site was in the alimentary tract.

DISEASES OF THE HEART AND BLOOD VESSELS.

There were 2,353 deaths last year from diseases of the heart and blood vessels.

The death-rates during the past 10 years have been as follows:-

			Birmingham.	England and Wales.
1919	 •••	 	1.73	1.88
1920	 	 	1.72	1.75
1921	 	 	1.64	1.80
1922	 	 	1.85	2.00
1923	 	 	1.71	1.93
1924	 • • •	 	1.91	2.04
1925	 	 	2.11	2.16
1926	 	 	2.12	2.18
1927	 	 	2.28	2.49
1928	 	 	2.41	

The ages at death and death-rate per thousand were as follows:-

				Deaths.	Death-rate per 1,000.
Under 25 years		 	 	62	.15
25-34 years		 	 	44	.29
35—44 years		 	 	94	.69
45—54 years			 	258	2.02
55—64 years		 	 	470	5.53
65—74 years		 	 	720	16.36
75 years and or	ver	 • • •	 	725	37.18
			All ages	2,353	2.41

It will be noted that 908 of these deaths occurred in persons under 65 years of age, and that 376 were in persons between 25 and 55 years old. This is a very heavy toll taken of people in the prime of life.

DEATHS FROM CANCER IN 1928.

	.lstoT	1	4	3	1	8	4	26	94	240	399	368	151	23	1321
Total.	Females.	1		1	1	1	-	18	65	139	188	176	93	20	702
	Males.	1	4	3		7	3	∞	29	101	211	192	58	က	619
is.	Total.		4	3		9	27	12	19	46	65	74	27	5	264
Other Organs.	Females.		I	1	1	-	-	9	∞	17	12	25	6	8	83
Other	Males.		4	8		ıv	-	9		56	53	46	18	2	181
	Total.	I		1	1	ı	ı	1	61	23	က	8	1		12
Skin.	Females.									-	-	-		-	ro.
0)	Males.		<u>'</u>		<u>} </u>				-	-	27	67		1	
	.lstoT							67	16	45	41	28	16	67	150
Breast.	Females.							2	16	45	41	27	16	67	149
B	Males.	1	1		1				1	1	1	-		1	-
of J.	Total.			1		1		3	25	36	33	27	16	61	142
Female Organs of Reproduction.	Females.							8	25	36	33	27	16	61	142
remale Repro	Males.	1			1										
	Total.						2	8	15	40	88	102	44] ∞	303
Peritoneum, Intestine, Rectum.	Females.		-	-				2	7	15	45	51	30	∞	155
Perit Inte Rec	Males.						2	-	00	25	46	51	14	1	148
er.	Total.				1			9	17	56	135	106	41	4	366
Pharynx, Œsophagus, Stomach, Liver.	Females.	1				 	1	5	000	22	52	42	22	4	155 8
Ph Œso Stoma	Males.							-	6	34	83	64	19	1	211
	Total.	1								15	34	28	9		84
Lip, Tongue, Palate, Jaw.	l'emales.		-					1		3	7	8		1	13
Lip, '	Males.					1				12	27	25	9	_	71
Ages.		Under 1		5—	10-	15—	20—	25—	35—	45-	55 (65—	75—	85—	All Ages

DEATH-RATES FROM HEART DISEASE AND ARTERIO SCLEROSIS IN WARDS.

							Death-rate	
		Ward.					1928.	
		St. Paul's					3.08	
		St. Mary's			•••		3.33	
	ĺ	Duddeston and	d Necl				2.87	
Central Wards	₹	St. Bartholom	ew's				2.32	Average 2.66
		St. Martin's a	nd De	ritend			2.45	11verage 2.00
		Market Hall			•••	•••	2.32	
	į	Ladywood					2.24	
	ſ		• • •	• • •		• • •	3.02	
				• • •	• • •	• • •	2.42	
		Washwood He	eath	• • •	•••	• • •	1.90	
M' 11 D'		✓	• • •	• • •	• • •	• • •	1.72	
Middle Ring	••• }		•••	• • •	• • •	•••	1.98	Average 2.28
	1	1	• • •	•••	•••	•••	2.43	
			• • •	•••	• • •	•••	2.66	
	i	0	• • •	• • •	•••	• • •	1.95	
	- 1		•••	• • •	•••	•••	2.23	
	1	All Saints	•••	•••	• • •	•••	2.49	
	(Soho					2.53	
		C =111			•••		2.35	
		Handsworth					2.04	
		Perry Barr					0.40	
		Erdington Nor	th				1.76	
•		Erdington Sour					2.25	
Outon Dina	{	Yardley .					1.64	1 00
Outer Ring	•••	Acocks Green					1.47	Average 1.98
		Sparkhill .					1.96	
		Moseley and K	ings 1	Heath			2.77	
							2.01	
•		Kings Norton					1.77	
	(Northfield .					2.48	
		Harborne .		•••	• • •	•••	2.27	

BRONCHITIS, PNEUMONIA AND OTHER RESPIRATORY DISEASES.

The mortality from these diseases in Birmingham, and England and Wales is shown in the next table.

				Birmingham.	England & Wales.
1901-1905			•••	3.19	2.77
1906-1910				2.82	2.54
1911-1915				2.64	2.44
1916-1920				2.54	2.55
1921-1925		•••	• • •	2.10	2.05
1919				2.67	2.53
1920		•••		2.46	2.17
1921		• • • •		2.02	1.96
1922		•••	***	2.38	2.31
1923	•••			1.98	1.87
1924		•••	•••	2.15	2.13
1925		•••		1.97	2.00
1926		•••	•••	1.88	1.74
1927	•••			1.89	1.93
1928			•••	1.56	

The rate for Birmingham is approximately level with that for England and Wales as a whole, and in both there appears a tendency to dwindle in equal degree,

The distribution of the deaths from Respiratory Diseases over the wards of the City was as follows:—

DEATH-RATE PER 1,000 FROM RESPIRATORY DISEASES.

	Ward.	Death-rate 1928.
	C C4 N=-11-	2.85
	1 6. 35 1	3.30
	Double at a second Non-leville	9.00
Central Wards	St. Bartholomew's	9.01 \ Ayyong on 9.49
	St. Martin's and Deritend	9.49
	Market Hall	9.96
	Ladywood	ຄ 17 i
	T 11	1.50
	Lozells	1.76
	Aston	1.96
	Washwood Heath Saltley	1.40
Middle Ring	C 11 II di	1 15
Middle King	Coordehacole	1 60 Average 1 55
	Balsall Heath	1.67
	Edgbaston	1 55
	Rotton Park	1.54
	All Saints'	1.51
	Soho	
	Sandwell	· ·
	Handsworth	,
	Perry Barr	
	Erdington North	
	Erdington South	0.57
Outer Ring	\cdots Yardley \cdots \cdots \cdots \cdots \cdots	$ \begin{array}{c} 0.57 \\ 0.81 \end{array} $ Average 0.99
	Acocks Green .	0.05
	Ni1	1 10
	Colley Onle	0.00
	King's Norton	1.08
	Northfield	1.69
	Harborne	0.50

In the case of respiratory diseases there is a very marked difference in mortality in different parts of the City, the average death-rate in the central wards being last year two and a half times as high as that in the outer ring. Evidently the conditions of dust, of dirt, of aggregation, together with those connected with industrialism in its intenser forms, have a close relation to a high mortality from respiratory diseases.

The mortality from respiratory diseases at ages is shown below.

				Death-Rate
			Deaths.	per 1,000.
Under 1 year	 	 	180	10.98
1 year	 	 	74	4.65
2 years	 	 	20	1.23
3 years	 	 	17	1.06
4 years	 	 	1	0.06
5—24 years	 	 	76	0.22
25—34 years	 	 	49	0.32
35—44 years	 	 	122	0.90
45—54 years	 	 	186	1.58
55—64 years	 	 	206	2.42
65—74 years	 	 	269	6.11
75 and over	 	 	325	16.67

Cases of acute Primary and acute Influenzal Pneumonia have to be reported to the Public Health Department and a visit is paid to the home by a Health Visitor in all suitable cases. Last year 2,275 cases were notified, and 7,245 visits and re-visits were paid to them.

DEATHS IN INSTITUTIONS.

Of the 10.667 deaths in 1928, 4,768 occurred in institutions, viz.:-

Poor Law:—								
Dudley Road Hospital						• • •	1,113	
***							322	
Selly Oak Hospital .							727	
			• • •				137	
			• • •	• • •	• • •	•••	570	
Poor Law Institutions, e	outside	City		• • •	• • •	• • •	180	0.040
								3,049
CITY HOSPITALS:—								
Infectious Diseases, Bal	bies, et	c.					107	
3 5 1 2 2 1 1 1							153	
Mental Hospitals outside	e City.	• •	•••			• • •	24	
								284
City Sanatoria (Tuberculosis	s) .		•••	•	•••			293
Hospitals:—								
General		••				•••	410	
							209	
		••	•••		••	• • •	149	
Women's (and Taylor I	Home)				• • •	• • •	63	
ı.	••	••	• • •	• • •	•••	• • •	11	
		••	•••	• • •	•••	• • •	40	
Other Hospitals in City		••	•••	•••	•••	•••	168 58	
Hospitals outside City.	••	••	•••	•••	•••	•••	90	1 108
								1,108
St. Joseph's Home, St. Paul	's Con	vent,	Nazare	th Hou	ise, H.	M. Priso	on	34
								1.500
								4,768

II. GENERAL HEALTH SERVICES.

HOSPITAL PROVISION.

The following is a list of Birmingham Hospitals (other than private hospitals) and the accommodation provided by them. Those marked (c) are supported wholly by the City Council, those marked (p) partly so.

\1 / 1 <i>J</i>								
A.1.—FEVER.							N	Vo. of beds.
City Hospital, Little Bromwich (c)								466
City Hospital, Lodge Road (c)	•••	• • •	•••		• • • •		•••	254
2.—Smallpox.								
Witton Smallpox Hospital (c)								24
B.1.—Tuberculosis.								
Yardley Road Sanatorium (c)								325
West Heath Sanatorium (c)								116
Salterley Grange Sanatorium, Che			• • •	• • •				68 120
Romsley Hill Sanatorium, Halesow (Also about 100 beds in the Royal	` ′		 senital	and a	four b	ode in t	the con	
towards the maintenance of which							me gen	erai nospitais
2.—Maternity.								
7								65
Maternity Hospital (p) Heathfield Road Maternity Home ((c)			•••				18
(Also a number of beds (about 75)	• •	Poor	Law	Hospita	ds.	The Ci	ity Cou	ncil makes a
grant for certain of these).								
3.—Children.								
The Children's Hospital (p)								167
Witton Babies' Hospital (c)	• • •	• • •	• • •	• • •	• • •	•••	• • •	50 9
Carnegie Institute (c) (Also certain beds (about 250) in t	 he Poo		Hosp	itals).	•••	•••	•••	Ð
,			•	,				
4.—ORTHOPÆDIC. Paval Cripples Haspital (p)								268
Royal Cripples Hospital (p)	• • •	• • •	• • •	•••	•••	•••	•••	200
5.—Other.								
(a) General Hospitals								
The General Hospital								399
Jaffray Hospital					•••		•••	61
Homeopathic Hospital	• • •	• • •		• • •	• • •		•••	$\begin{array}{c} 97 \\ 224 \end{array}$
Queen's Hospital Dudley Road (Poor Law)								926
Selly Oak (Poor Law)								450
(b) Special Hospitals (exclusive of	menta	al hosp	oitals).					
Women's Hospital (p) and Ta	vlor M	emori	at Ho	me				135
Eye Hospital (p)							,	115
Ear and Throat Hospital			• • • •		• • •		• • •	51
Skin and Urinary Hospital Nerve Hospital								$\begin{array}{c} 22 \\ 37 \end{array}$
Treive Hospital		•••						

INSTITUTIONS FOR UNMARRIED MOTHERS AND THEIR BABIES.

Provision is made for these, at Hope Lodge, Clarendon Road, and at the Day Servants Hostel in Monument Road by the Association for the Training and Care of unmarried Mothers and their Babies; also at The Hawthorns, Ladywood Road, by the Salvation Army, and at Woodville, Selly Oak by the Roman Catholic Church. The Public Health Committee make grants towards the cost of maintenance in the two former institutions.

AMBULANCE FACILITIES.

	AMBO	LAIV		CILI	LIES	'•			
There is a good and efficient mot A. For acute infectious dis For Tuberculosis the Pu	eases th	e Pub	olic He	ealth D	epar)	tment I		City.	4 ambulances. 2 ambulances.
B. For accidents the City I For cases of illness req wise, the Birmingham and British Red Cross Corporation, have	uiring re County	emova Joint) at 1	l to o Comr the cos	r from nittee st of t	ho Oro he p	spital of a tient,	St. Jor of	ohn	8 ambulances. 5 ambulances.
In addition there are several									o ambulances.
	CS ANI				-				
Maternity and Child Welf									25
Day nurseries						•••			0
School Clinics (see Report	of Scho	ol Me	dical C	Officer)			•••		8
Tuberculosis dispensaries (•••			1
Venereal Diseases, Treatm	ent Cent	tres (:	see pa	ge 84)					3
PUBLIC H	EALTH	OFF	ICER	s of	THE	Е СІТУ	COU	NCIL.	
The Staff of the Public Hea	lth Depa	ırtmer	nt is se	t out l	belov	v :			
Medical Officer of Healt	12								1
Assistant Medical Officer		alth (g	general)	• • • •				$\frac{1}{2}$
General Clerical Staff-									
Chief Clerk and Sta	itistician								1
									$1\overline{2}$
Accountants Office-									
Accountant									1
Clerical Staff				•••	• • • •	•••		•••	$1\overline{2}$
Sanitary Department-									
Chief and Deputy C	Thief Sar	nitary	Inspec	ctor					2
District Sanitary In						•••			10
Assistant and Pupil	Sanitar	v Insi	oectors						30
								••	$\overline{2}$
Canal Boats and Co	ninion I	odgir.	g Ho	use Ins					1
Shops Inspectors			•••						2
Disinfectors			•••						11
Court Cleansers								• • •	11
Driver									1
Clerical Staff				•••	• • •	• • •	• • •	• • •	7
Food and Drugs In	spectors					•••	•••	• • •	1
		Assi	stant .	Inspect	ors		•••		2
Child Welfare Department-									
Assistant Medical O	fficer of	Healt	h (Chi	ld We	lfare)			1
Medical Officers (w				• • •		• • • •	• • •	• • •	7
Medical Officers (pa						7.T 1.1	* 72	• • •	19
Superintendent and									$\frac{3}{2}$
Midwives Inspector		• • •	•••	•••	• • •	•••	•••	• • •	$8\overline{5}$
Health Visitors Pupil Visitors		• • •	•••	•••	• • •	•••	•••	•••	6
Dentist (part time)			•••					•••	ĭ
Masseuse, and Den									2
V.D. Nurses (one v						•••			2
Sewing and Cooker					•••				9
Caretakers, Cleaner	s, etc.				• • •	• • •	•••		39
Porters, Gardeners,	etc.							•••	12
Nursing Staff (Ho	spitals a				• • •	• • •		• • •	46
Domestic Staff (He					• • •	•••		•••	27
Laundry Staff (Ger	neral)				• • • •	•••		•••	10 9
Clerical Staff (who	ie time a	ma pa	irt tim	e)	•••	•••	•••	•••	9

Tuberculosis Department-									
Chief Tuberculosis	Officer								1
Medical Officers									8
X-Ray Operator									1
Dentist (part time						•••			1
Nursing Staff (Sa	natoria)								113
Domestic Staff (S	anatoria	ι)		• • • •	• • •		• • •	• • •	89
Dispensers	• • •		• • •	• • •				• • •	5
Teachers	• • •	• • •	• • •	• • •	• • •		• • •	• • •	3
Masseuse	0.1			•••	• • •	• • •	• • •	• • •	1
Porters, Gardeners				etc.	• • •	• • •	• • •	•••	52
Tuberculosis Visito		• • •	• • •	•••	•••	• • •	• • •	• • •	11
Tuberculosis Nurs		• • •	•••	• • •	• • •	• • •	• • • •	• • •	5
Clerical Staff	• • •	•••	•••	•••	• • •	•••	• • •	• • •	14
City Hospitals-									
Medical Superinter									1
Medical Officers (4	whole	and 1 $_{ m J}$	part ti	ime)					5
Nursing Staff	• • •		• • •	• • •		• • •			118
Domestic Staff							• • •		72
Porters, Gardeners	s, Stoke	rs, Dr	ivers,	etc.		• • •	• • •		45
Dispenser	• • •		• • •		• • •		• • •	• • •	1
Clerical Staff			• • •	• • •	• • •	• • •	• • •	• • •	1
Steward's Office-									
Steward									1
Clerical Staff									$\overline{4}$
	***	•••							_
Works Department-		_	4.7						
Manager and Assi		-			• • •	• • •	• • •		$\frac{2}{2}$
Clerical Staff			 TO1		• • •	• • •	• • •	• • •	2
Carpenters, Painte	ers, Bri	icklaye	rs, Pl	umbers,	etc.	• • •	• • •	• • •	32
Bacteriological Department-	_	•							
Bacteriologist and	Assista	nt Bac	cteriolo	ogist					2
Others									11
City Analyst's Department-	-								
City Analyst		• • •	• • •	• • •	• • •	• • •		• • •	1
Analyst's Assistant	S		• • •	• • •	• • •	• • •	• • •	• • •	3
Others	• • •	• • •	• • •	• • •	• • •	• • •	• • •	• • •	3
Nurses Rest Home-									
Matron									1
Staff (whole and p		e)			•••				3
, ,									

PROFESSIONAL NURSING IN THE HOME.

The supply of nurses for general purposes is provided by nine district nursing associations, a number of the district nursing associations having combined under the general title of the City of Birmingham District Nursing Association since the issue of the last report. These cover the whole area of Birmingham. These associations provide district nurses and also undertake to nurse any cases of measles, whooping cough or pneumonia which are referred to them by the Public Health Department, at a uniform charge of 10/- per case. In any cases of the above diseases coming in the first place to the knowledge of the District Nursing Association a similar fee is paid provided the name and address of the patient are sent to the Public Health Department forthwith.

The Little Sisters of the Assumption, Edgbaston, attend cases of non-infectious disease in poor homes, and look after the house and children. No fee is charged.

For better class cases, nurses may be obtained from one of the many nursing organisations in the City.

List of District Nursing Societies:-

Dist of District IV	aronig bocieties.—		
Society. City of Birmingham District Nursing Association	Secretary. Mr. S. L. Gillman, 48, Summer Hill Road.	Nurses' Home (if any)	Nurse.
Central and Winson Green Area		48, Summer Hill Road.	Matron: Miss E. M. Morris.
Bordesley, Balsall Heath and Moseley Area		94, Moseley Road.	Matron: Miss F. M. Holt.
Saltley and Washwood Heath Area		306, Washwood Heath Rd.	Nurse in charge: Miss L. M. Peck.
Acock's Green Area			Nurse Bishop, 114, Oxford Road, Acocks Green. Nurse Wigley, 475, Fox Hollies Road.
Handsworth and Perry Barr Area			Nurse White, 14, Sycamore Road. Nurse Smith, 20, Hamstead Road. Nurse Davis, 28, Douglas Road.
Hay Mills, Yardley and Small Heath			Nurse Dicks, 53, Flora Rd. Nurse Johnson, 425, Hob- moor Road. Nurse Wagstaff, 114, Aubrey Road.
Selly Oak, King's Norton and Northfield Area (Selly Oak).			Nurse Ellis, 1022, Pershore Road, Selly Park. Nurse Tracey, 15, Willow Road, Bournville.
(King's Norton).			Nurse Huband, 25, Watford Road.
(Northfield).			Nurse Jones, 689, Bristol Road, Northfield.
Aston Manor	Mr. R. Everitt, 127, Albert Road, Aston.	127, Albert Road, Aston.	Matron: Miss A. Price.
Erdington	Mr. G. E. Hawthorne, 415, Kingsbury Road,		Nurse Harris, 1, Edwards Road, Erdington.
	Erdington.		Nurse Ayton and Nurse Luxton, 25, Stockland Road, Erdington.
Harborne	Miss A. B. Appleton, Home Farm, Harborne.		
Sparkhill and Greet	Mrs. G. A. C. Pettitt, 116, Oxford Rd., Moseley.		Nurse Cranmer and Nurse Herbert, 6, Durham Rd., Sparkhill.
King's Heath	Mrs. Gretton Watson, 1, Vicarage Road.		Nurse, 154, Taylor Road, King's Heath.
	Mrs. J. L. Brown, The Limes, Selly Park.		Nurses, 100, Oak Tree Lane, Selly Oak. 48, Dads Lane, King's Heath.
	Mr. Walter Henman, 113, Lyttelton Road, Stechford.		
Billesley and Yardley Wood	Mr. J. Ingram, 95, Colemeadow Road. Billesley.		Nurse Lewis, 95, Colemeadow Road, Billesley.

GENERAL HEALTH VISITING,

The accompanying table indicates the class and variety of cases investigated by the general Health Visitors, and gives the numbers visited by them during 1928 and the two preceding years:

Primary Visits:—	1926.	1927.	1928.
House Inspection	2,130	3,926	4,195
Infant Visits (including Stillbirths)	1,697	485	414
Measles	6,222	7,634	4,624
German Measles	1,470	153	296
Chicken Pox	5,965	4,487	4,925
Whooping Cough	3,677	1,962	4,997
Mumps	5,569	4,340	4,733
Influenza	292	442	294
Pneumonia	2,683	2,865	2,470
Scabies	87	75	102
Impetigo	638	822	827
Enlarged Glands	1,092	1,303	1,254
Bronchitis, Colds, etc	2,996	2,552	3,086
Neglect, Insufficient Clothing, etc	77	75	159
Verminous Cases	64	100	109
Visits to Schools	227	347	602
Visits to obtain addresses	807	716	707
Visits to Officials, Doctors, etc	254	454	473
Visits to aged persons or on their behalf	201	$\frac{151}{250}$	335
Country Holiday Inspections	4	26	215
Other Wiete	1,420	7,200	976
Other visits	1,120	-,200	
Total Primary Visits	37,572	40,214	35,793
RE-VISITS	20,359	20,270	22,589
TOTAL EFFECTIVE VISITS	57,931	60,484	58,382

As will be seen from the above tabulation of visits paid by the 19 General Health Visitors in 1928, their work has been similar to that done in former years. The non-notifiable infectious diseases, measles, German measles, whooping cough, chicken-pox and mumps were reported chiefly by the school authorities, but in some cases, were notified by the parents. The Health Visitors give advice as to the need for obtaining medical help, or for the services of a district nurse where necessary, particularly in cases of measles and whooping cough. They also give instructions as to the length of time the patient and contacts, if school children, should be excluded from school. A copy of these instructions is subsequently sent to the head teachers of the schools affected. Library books, if suspected of being used by the patient, are sent to the Health Department for disinfection.

A number of cases of scabies were reported by the school medical department. The homes were visited and instructions given on the cleansing of bedding and personal clothing. Tickets for special baths at the Skin Hospital were given to non-panel patients when considered desirable, and also in the case of children under school age.

Occasionally, children reported as suffering from chicken-pox were found to have impetigo, and these were referred to the School Clinic or to the private doctor.

Children notified as verminous and flea-bitten, were visited and inspected in their homes, and their parents advised. Subsequent visits were paid in each case, to ascertain whether the instructions had been carried out.

Old and infirm people have been visited on receiving complaints about their inability to keep themselves and their homes in a cleanly condition. When necessary and possible they have been removed to an institution.

It will be noticed that the number of visits paid has remained practically the same, except in the case of Country Holiday Inspections, where there was a material increase in the number of visits. The Health Visitors had the opportunity of obtaining a fortnight's holiday for delicate or poor children in their districts. Special visits were paid in order to ensure that such children were adequately clothed, and also that they were free from any infectious disease.

MIDWIVES.

(See page 116).

MATERNITY AND NURSING HOMES.

(See page 117).

MATERNAL MORTALITY.

(See page 117).

LEGISLATION IN FORCE.

The following is a list of special Acts and Bye-laws relating to the Public Health in force in Birmingham together with the respective dates at which the provisions became operative:—

GENERAL ADOPTIVE ACTS.

						Dates at which provisions came into operation.
Public Health Amendment Act, 189					٠	9th March, 1891.
Public Health Acts Amendment Act 53, 55, 58, 62, 65	t, 1907.		ons 36,	44, 40	, 51,	1st June, 1916.
Section 64			•••			25th October, 1922.
Section 95						24th February, 1925.
Infectious Disease Prevention Act,						9th March, 1891.
Public Health Act, 1925. Sections			21-28,	30, 31	, 35,	17.1 35 1 1000
37, 39, 41-51, 53-55	•••	•••	•••	•••	• • •	15th March, 1926.
	Ιο	CAL ACT	re			
The Birmingham Corporation (Cor	nsolidat	tion) Ac	t, 1883	• • •	• • •	1st January, 1884.
The Birmingham Corporation Act,		•••	• • •	•••	• • •	11th August, 1903.
The Birmingham Corporation Act, The Birmingham Corporation Act,		•••	•••	•••	• • •	31st July, 1914. 15th August, 1919.
The Birmingham Corporation Act,		•••				4th August, 1922.
The Birmingham Corporation rect,	1022	•••	•••	•••	•••	1111 114g 43t, 1022.
	E	Bye-Law	s.			
Lime Kilns, 1864		•••				1st October, 1864.
Dairies, Cowsheds and Milkshops,	1901					1st April, 1901.
Offensive Trades, 1905						15th June, 1905.
Common Lodging Houses, 1909		•••	• • •	• • •	• • •	1st October, 1909.
Nuisances, 1909	11-14-		200	•••	• • • •	1st October, 1909.
Tents, Vans, etc. (used for human Public Slaughter Houses, 1909		, .		•••	• • •	1st October, 1909. 26th November, 1909.
Private Slaughter Houses, 1909		•••		•••		26th November, 1909.
Knackers Yards, 1909				• • • •		26th November, 1909.
Private Slaughter Houses, 1910 (S					,	15th July, 1910.
Rag, Bone and Skin Merchants, 196			•••			1st October, 1909.
Good Rule and Government, 1914	(Offens	sive Offa	ıl throu	gh str	eets,	
Bye-law No. 8)		•••	• • •	•••	• • •	18th August, 1914.
Underground Rooms, 1915			• • •	• • •	• • •	3rd June, 1915.
House Refuse (Collection), 1921		•••	•••	• • •	• • •	29th June, 1921.
Houses let in Lodgings, 1922 Covering Meat in transit through S			•••	•••	• • • •	9th March, 1922. 14th October, 1923.
Nursing Homes, 1928		1920		• • •		5th November, 1928.
3						, 20 2 00

III. SANITARY CIRCUMSTANCES.

WATER SUPPLY.

Periodical examinations, both chemical and bacteriological, have been made of the Corporation Water Supply and these have shown that the quality of the water has been maintained at a uniformly satisfactory level.

No outstanding extension of the Corporation Supply was made during 1928, the operations of the Water Department being confined to meeting the demands occasioned by the building schemes carried out in different parts of the City.

There has been no difficulty as regards the quantity of water required, the demands of the public being readily met.

POLLUTION OF RIVERS AND STREAMS.

I am indebted to Mr. H. H. Humphries, the City Engineer and Surveyor, for the following statement:—

REPORT OF INSPECTOR TO THE TAME BASIN JOINT COMMITTEE.

The question of the prevention of pollution of streams has been very emphatically brought to the notice of the responsible authorities during the past year.

The Joint Advisory Committee on River Pollution which, it will be remembered, was appointed in November, 1927, by the Minister of Health and the Minister of Agriculture and Fisheries to consider and from time to time to report on the position with regard to the pollution of rivers and streams, issued their first Report last year, and the recommendations contained in that report have been further brought to the notice of all responsible authorities in circular No. 922 issued by the Minister of Health and dated the 21st September, 1928. The point is emphasized that the Minister of Health under the law as it stands at present (Section 14 of the Local Government Act, 1888) may, by Provisional Order, made on the application of any one of the County Councils or County Borough Councils through whose jurisdiction a river passes, set up a Rivers Board to control the whole length of a river, including its tributaries, so far as it is subject to the Rivers Pollution Prevention Acts.

Your officers have been informed that this Committee may be invited in the near future to participate in a discussion upon the question of the adoption of some further measures for preventing pollution in the watershed of the River Trent.

The Advisory Committee state they were happy to learn that where Rivers Pollution Prevention Authorities have been established, they have found it possible in the great majority of instances to effect improvements by advice and persuasion, and that the relations between these authorities and the manufacturers and local authorities are generally cordial, the knowledge and experience of the officials having been found helpful by the traders and the sanitary authorities.

Marked interest has also continued to be taken in the results of the efforts of the Tame Basin Joint Committee, and the paper submitted by your Inspector on the work of the Committee, at a meeting of the Managers of Sewage Disposal Works, aroused a very helpful discussion. Chiefly as a result of the assistance given by the Executive Committee, a committee modelled on similar lines to your own, and with the same object in view, has been established in the watershed of the River Stour.

The observations in connection with the Hydrographical Survey of the River Trent have been continued during the past Summer, and although the waters of the River Tame have been remarkably clear during the prolonged periods of fine weather, there has been no appreciable increase in the oxygen content of the water. Small fish have, however, been observed in the River on several occasions in the Witton area of the City of Birmingham, and it may be assumed therefore that the large amount of work undertaken by both local authorities and traders for remedying the seriously polluted condition of the River has restored the water to a quality capable of supporting fish life.

Dr. E. C Jee, the Technical Advisor to the Standing Committee on River Pollution, has observed that there has been a big improvement in the condition of oxygenation of the Upper River Tame during 1926 and 1927, and that this improvement has doubtless for the most part been due to the cumulative efforts of the Tame Basin Joint Committee, which have already doubled the dissolved oxygen content of the water.

Following the report submitted to the Committee on the 20th March, 1924, upon the important question of pollution by storm water and sewage, the attention of the Committee has again been called to this question in a report presented on the 7th February last, when they were of the opinion that the time has arrived when concerted action of a national character has become necessary in order to remedy the gross pollution of the streams which occurs in the more thickly populated areas throughout the country by discharges of this character.

With reference to the pollution of the stream by the discharges of imperfectly treated sewage, owing to the total inadequacy of the sewage disposal works of the West Bromwich Corporation and the Oldbury Urban Di trict Council, the proposed trunk valley sewer scheme for conveying the sewage from this area to the works of the Birmingham Tame and Rea District Drainage Board has been placed before the authorities concerned, and the proposals were informally discussed by the representatives of the interested authorities at conferences held on the 27th July, 1928, and the 17th January, 1929.

It has been pointed out that whatever scheme is ultimately adopted for the disposal of the sewage of West Bromwich and Oldbury several years must elapse before the completion of such a scheme, and consequently a serious effort should be made by these authorities to improve the efficiency of the existing works with the object of at any rate reducing the gross pollution of the stream. The West Bromwich Corporation has undertaken the work of washing the media in the secondary contact beds and has reserved an increased area of land for the irrigation of the sewage at their Friar Park Works. The suggestions made by this Committee for improving the efficiency of the Newton Road Ontfall Works have also been adopted.

The Oldbury Urban District Council has also adopted the recommendation of the Committee and appointed a competent Manager at their sewage works, and the washing of the seriously silted media in the contact beds is being undertaken, preparatory to converting them into percolating filters.

Excellent work has also been undertaken by other local authorities for increasing the capacity of their sewage disposal works. The Short Heath Urban District Council has voluntarily undertaken the construction of an additional percolating filter at their Clarkes Lane Sewage Works, and upon the advice of the Committee, also included a valuable additional unit in the form of storm water settling tanks. The efficiency of the percolating filters at the Brownhills Sewage Works has been considerably increased by the replacement of the out-of-date fixed pipe distributors with the antomatic travelling type. The Willenhall Urban District Council has erected a sludge pump of improved design at their sewage works, and with the more systematic removal of the sludge from the tanks, and stricter attention to other details of management, the standard of purification is improving. This authority has also commenced work upon the construction of a new main outfall sewer, in order to prevent the occasional irregular overflows of crude sewage to the stream which occur owing to the silting of the existing main sewer. Practically the whole of the work in connection with the comprehensive scheme of sewerage and sewage disposal for the Coseley Urban District has been completed. The southern portion of this district is sewered to outfall works situated at the Foxyards, and although only a comparatively small volume of sewage is at present reaching the works, further contracts have recently been arranged to expedite the work of connecting the house drains with the new sewers. The sewers serving the northern portion of the district have been connected to those of the Bilston Urban District Council, and in order to accommodate the increased flow of sewage this authority has undertaken work for increasing the capacity of both the main outfall sewer and the sewage disposal works. During the progress of the work upon the former, the crude sewage was permitted to discharge to the stream for what was, in the opinion of the Committee, an unnece

A scheme is at present being investigated by the Borough Engineer of Walsall for conveying the drainage from portions of the County Borough, the Walsall Rural District and the Brownhills Urban District to one outfall site. The drainage from this area is at present disposed of at six separate sites and the development of a regional scheme of sewage disposal would be an immense improvement upon the existing conditions. Pending the completion of this investigation, the Rural District Council has commenced work for increasing the efficiency of their Goscote Sewage Works. The Wednesfield Urban District Council has instructed their Engineer to proceed with the preparation of a complete scheme for increasing the capacity of both the main outfall sewer and the sewage disposal works, and it is anticipated that work will be commenced upon the first section of the scheme in the near future.

The Committee has continued to emphasize to the local authorities that the successful operation of the sewage purification process depended almost wholly upon its efficient management, with the result that the sewage works of two authorities have recently been placed in charge of competent managers. A contrasting instance has been observed where a local authority has placed their new sewage disposal works, designed to deal with the drainage of a population of 15,000 persons, and including a sewage pumping station, in the charge of one person who has had no previous experience in the supervision of the process of sewage purification.

During the past year good progress has been made with the work of preventing the pollution of the streams by the discharge of liquid trade waste. This has been made possible chiefly owing to the sympathetic attitude adopted by the local authorities towards their traders on the important question of the admission of liquid trade refuse to the public sewers, and it is pleasing to observe that several authorities, who have in the past objected to the presence of trade waste in their sewers, have recently reversed this attitude.

The experience of the Committee has been that where the authorities have not favoured the principle of admitting liquid waste into the sewers, uncontrolled and intermittent discharges of waste to the sewers have occurred, usually at night time, when the flow of sewage is at the minimum, and when they are liable, owing to lack of dilution, to inflict serious injury upon the process of sewage purification. This Committee has continued to advise that provided the flow of these liquids to the sewer is properly controlled, and is not out of proportion to the flow of sewage, their presence is frequently a benefit to the process of sewage purification, and that consequently it is advisable for all the local authorities to carefully consider the adoption of a policy permitting the regular admission to the sewers of the liquid trade refuse produced in the local industries.

That the presence of liquid waste in the sewage is a benefit to the process of sewage purification has recently been strikingly illustrated at Bilston, where owing to sewer reconstruction work, only a purely domestic sewage has been reaching the disposal works. During this period the standard of purification of the sewage deteriorated, although the process was unaltered, but immediately the flow of sewage containing the liquid trade waste was restored to the works, the standard of purification improved, and after a few days the usual excellent standard of purification was again obtained.

That the adoption of a policy favourable to the reception of trade refuse into sewers prevents the pollution of the stream is illustrated in the Walsall County Borough. The Corporation has permitted the local traders to connect liquid waste with the sewers upon an undertaking being given that no material liable to cause an obstruction of the sewer shall be discharged thereto. The waste liquid admitted to the sewers has certainly made the sewage of the district of a very complex character, but the process of purification in operation at the sewage works has been so adapted to the conditions that a very high standard of purification of the concentrated sewage is maintained, and the stream after its passage through the industrial area of Walsall remains in normal times almost in a natural condition of purity.

Liquid refuse has been connected to the sewers from two trade premises and arrangements have been made for disposing of the waste in a similar manner from five further premises. The question was discussed with one of these firms during the erection of new premises, with the result that the firm has undertaken to arrange the process in which polluting liquid waste will be produced so that advantage may be taken of an available sewer for the disposal of the waste, and this work will be completed before the manufacturing processes are commenced.

Three firms have undertaken the construction of settling tanks to enable them to effectively purify liquid trade refuse before its discharge to a stream. It is interesting to note in one of these instances where the polluting matter was a heavy oil, that the value of this material recovered from the settling tanks during a few weeks, for re-use in the processes, exceeded the expenditure incurred by the firm providing the treatment works.

At the conclusion of the seventh year of the existence of this Committee it is very satisfactory to be able to report continued progress in the work of improving the condition of the waters of the Upper River Tame. No more qualified testimony that this is being attained can be quoted than that of the Engineer to the Birmingham Tame and Rea District Drainage Board, who has reported to his authority upon the improvement in the condition of the River Tame, and upon the consequent necessity for raising the standard of purity of the effluent discharged to the River from the Board's works. As the result of this, the Board is proceeding to increase the capacity of the bio-aeration sewage purification installation from seven and a half million gallons to twenty million gallons.

SEWERAGE WORKS.

(By Mr. H. H. Humphries, M.Inst.C.E., City Engineer and Surveyor).

The following sewerage works were carried out during 1928:-

Reconstruction of the Cole Valley Sewer, from Speedwell Road to Warwick Road. Length, 3 mile.

Reconstruction of Rea Valley Sewer from Lifford Lane to Quarry Lane. 21 miles.

Reconstruction of Hockley Main Sewer from Farm Street to Hockley Hill. 3 mile.

Reconstruction of the Acocks Green Western Outfall Sewer from Outfall Works to The Avenue. $1\frac{1}{2}$ miles.

New valley sewer, Spring Lane and Moor End Lane, Erdington. 11 miles.

Gospel Lane Sewer Extension to drain new housing estates. 3 mile.

Perry Common Outfall Sewer Extension and deepening of brooks. 5 mile.

Deepening and improvement of the Hockley Brook from Hockley Hill to Perrott Street. 11/4 miles.

In addition, many smaller sewerage schemes have been undertaken for the purpose of drainage of new housing estates, and several old sewers in the City have been reconstructed.

SCAVENGING AND REFUSE DISPOSAL.

(By Mr. James Jackson, M.I.C.S., Superintendent of the Salvage Department).

PROPOSED NEW SALVAGE UTILISATION WORKS, ROTTON PARK STREET.

In pursuance of the City Council's policy of abolishing the tipping of crude house refuse, the Salvage Department have under consideration a scheme for completely modernising the existing Destructor at their Rotton Park Street Depot. The new works will deal with approximately 42,000 tons of refuse per annum, and it will be the largest plant of its kind in the City. The estimated cost of the new works is £125,000 and they will contain all the latest devices for scientifically and economically disposing of house refuse.

Since the adoption of the City Council's policy of abolishing the tipping of crude house refuse, the following large schemes have been completed; the erection of new works at Witton and Tyseley, and the extension of existing plants at Montague Street and Lifford Depots, the total capital expended on these schemes being £250,000.

The following table shews the diminution in the quantity of crude refuse deposited at tips during the six years ended.

Year ended, Mar. 31st.			Refuse treated at depots.	Refuse taken to tips.	Total refuse dealt with	tons of refuse tipped.
1924	 		167,032 tons	83.624 tons	250,656 tons	34%
1925	 		181,493 ,,	54,688 ,,	236,181 ,,	23%
1926	 		197,245 ,,	42,037 ,,	239,282 ,,	18%
1927	 		198,752 ,,	26,543 ,,	225,295 ,,	12%
1928	 	• • •	209,417 ,,	27,670 ,,	237,087 ,,	12%
1929	 		215.375 ,,	24,742 ,,	240,117 ,,	10%

PROVISION OF STANDARD DUSTBINS FOR TEMPORARY STORAGE OF REFUSE.

Steady progress has been maintained with the installation of standard dustbins and 98.99 per cent. of the City is now provided with these receptacles.

The following table shews the progress of this work to date during the last five years.

	No. of	No.	of	No. of	No. of tubs and other	No. of bin-sheds containing	No. of			No. of
	Premises	standard		other	movable	standard	Dry	No. of	No. of	Dumb
Date	- 10mm303	Good	Bad	bins	stan, bins.		Ashpits	Pans	Wet Pits	wells.
Mar. 1929	231,910	202,526	_	709	55	84,182	1.049	476*	239*	590*
1000	224,947	194,512		802	69	83,268	1,243	412	237	206
77 1007	218,421	177,540	473	990	738	79,298	4,555	420	255	$\frac{200}{215}$
,, 1926	211,000	161,584	2,519	1,926	3,538	70,913	12,286	422	256	219
,, 1925	204,509	142,910	4,211	2,591	5,669	61,822	20,213	429	347	196
,, 1924	200,677	112,111	11,733	2,780	10,655	41,775	36,613	394	351	183
					311.	311.	351	3.51	M	N.F 1.
					March	March	March	March		March
					1929.	1928.	1927.	1926.	1925.	1924.
					%	%	%	%	%	%
Good Stand	lard Bins				98.99	98.80	96.19	88.73	81.23	64.35
Bad Standa	rd Bins				_		.26	1.38	2.39	6.73
Other Bins					.35	.41	.54	1.06	1.47	1.59
Various ki				ther than	.00	• • • •		1.00	1.1.	1100
ashbin	- \	ine recept	,		.03	.04	.40	1.94	3.22	6.12
			•••	•••						
Ashpits—W	et and Dry	• • • • • • • • • • • • • • • • • • • •	•••	• • • • • • • • • • • • • • • • • • • •	63	.75	2.61	6.89	11.69	21.21
					100.00	100.00	100.00	100.00	100.00	100.00

^{*}Increase due to Annexation of the District of Perry Barr.

VOLUNTARY DUSTBIN HIRE SCHEME.

This scheme continues to receive the support of property owners throughout the City and the following table shews the progress of the scheme to date since its inception.

Voor	habre	31st	March,	1994		No. of Owners entering scheme. 940	No. of Bins supplied under scheme. 5,465
1 car	ended	9130	minici,		 • • •		
,,	,,	,,	,,	1925	 	931	6,889
,,	//	,,	,,	1926		1,066	8,414
,,,	,,	,,	; ;	1920	 		
,,	,,	,,	1 2	1927	 	967	6,911
//	,,	,,	,,			745	6 129
,,	,,	,,	,,	1928	 		6,482
				1929	 	732	5,821
"	,,	,,	,,	1020	 • • • •	102	0,0-1
Total	to 31:	st Ma	arch, 1 9	29	 	5,381	39,982

The annual rental varies from 1/11d. to 1/6d. per bin.

SMALL STANDARD DUSTBINS.

A smaller size dustbin having a capacity of $2\frac{1}{4}$ cubic feet, was sanctioned by the City Council upon the recommendation of the Salvage Committee, for use at properties approved by the Salvage Committee. These dustbins have now been in use for the past eighteen months and their inauguration has been fully justified.

TREATMENT OF VEGETABLES.

During the year the Salvage Department have introduced a new scheme for converting vegetable refuse, especially that coming from the Markets into a fertiliser. The plant is proving an economic success, and the result will be a material improvement in the sanitary disposal of refuse.

It is generally recognised that it is impossible to burn vegetable material and to tip same is always liable to serious nuisance, unless extraordinary precautions are taken.

SANITARY INSPECTION.

(Report by Mr. Frank Thompson, Chief Sanitary Inspector).

Staff. Since 1913 Birmingham for Sanitary Administrative purposes has been divided into 8 districts, each district having 1 District Inspector and 3 Assistant Inspectors, the District Inspector allocating to each of his assistants day by day all nuisances, complaints, eases of infectious disease or other matters needing investigation.

In addition to these 32 Inspectors there were 14 Inspectors for special duties, viz.: Milk Shops (2), Workshops (3), Smoke (2), Shops Acts (2), Common Lodging Houses and Canal Boats (1), Houses let in Lodgings (1), and Food and Drugs (3).

At the time of preparation of this report certain of these duties, viz., those of the Inspectors of milkshops, workshops, common lodging houses and houses let in lodgings, had been or were being absorbed into the work of the general Inspectors, allowing of a closer degree of co-ordination in the work, as well as of other advantages. Reference will be made to this change in greater detail in the next report. It will suffice here to say that the adjustment of work has been met by increasing the number of Inspectors' districts from 8 to 10, the special Inspectors concerned having at the same time been brought into the general inspectorial staff.

The table below shows the number of visits paid by the general Sanitary Inspectors, and the number of defects found for which notices were served.

		Number of visits paid by inspectors.	Number of defects for which notices were served.
1922	 •••	134,516	86,938
1923	 • • •	143,866	104,210
1924	 •••	148,199	123,573
1925	 	124,024	104,735
1926	 	124,265	108,601
1927	 	130,530	119,264
1928	 	126,694	118,844

The next table gives fuller details of the character of the work done.

No. of visits and revisits paid:-

140	. Of visits and revisits								
	General House Inspect	ion	•••						13,036
	Infectious Diseases		• • •	• • •					8,970
	Nuisances or Complain	its	•••						29,488
	Work ordered		•••						41,258
	Work in progress		•••	•••					16,535
	Inspection of Dirty Co	ourts	•••	• • •					1,951
	Manure Receptacles								470
	Smoke or Water Tests	;		• • •					762
	Tents, Vans and Shed	s							469
	Offensive Trades		•••	• • •					97
	Ice Cream Vendors								2,253
	Rats Order			•••					2,272
	Calls on Owners or Ag		• • • • • • • • • • • • • • • • • • • •						4,059
	Other Purposes	•••	•••	•••					5,074
								_	
	Total								126,694
								_	
Defects, et	c., found.								1928.
	Houses to be disinfected	ed							3,238
	Repairs to Houses	• • •							81,067
	Houses to be cleansed		•••	•••					5,961
	Houses to be provided	with 1							174
	Houses to be provided								1,655
	Cases of overcrowding								$\frac{1,000}{21}$
	Houses to be provided								265
	Water to be removed:								382
	Spouting to be repaired				•••		•••	•••	3,879
	Rain Water Cisterns to				· abolic		• • •	• • •	109
	Ashpit Privies to be co	nverte	d to W	Jator ("locate	iicti	•••	• • •	1
	Pan Privies to be con	verted	to Wa	ter Cla	ocote	•••	•••	•••	77
	Privies and Closets to				osets	• • •	• • •	• • •	999
	Water Closets to be re				of out	•••	• • •	• • •	3,315
	Additional Water Clos					• • •		• • •	$\frac{3,313}{152}$
	Ashplaces to be repaire				• • •	• • •	• • •	• • •	
	Soilpipes to be repaire				• • •	• • •	• • •	• • •	66 96
					• • •	• • •	• • •	• • •	56
	Urinals to be put in or			•••	• • •	• • •	• • •	• • •	
	Drains to be relaid or	-		•••	• • •	• • •	• • •	• • •	1,402
	Drains to be opened a			• • •	• • •	• • •	• • •	• • •	5,859
	Gully Traps to be prov			• • •		• • •	• • •	• • •	699
	Interception Traps to b						• • •	• • •	35 9.5
	Premises to be supplied					• • •	• • •		212
	Drains in cellars to be	discor	nnected	or abo	blished	• • •	***	• • •	15

C' 1 D 1 D' 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 000
Sink Bend Pipes to be repaired or affixed	• • •	• • •		1,666
Sanitary Sinks to be provided				960
Yards to be paved				106
Yards to be repaired				1,259
Courts or Yards to be cleansed by Tenants				79
Houses to be cleansed by Tenants				471
Wash Houses to be repaired or limewashed				2,088
Keeping of fowls to be discontinued				29
Nuisances from swine and swine styes abate	d			35
Accumulations of rubbish, manure, etc., to	o be remov	ed		341
Manure receptacles to be provided or repaired				48
Dangerous premises to be reported to City	Surveyor's	Depart	ment	837
Defective Fittings to be reported to Water D				1,020
Other Work to be done				170
Total	•••			118,844

In connection with the defects discovered notices were issued as follows:—

Preliminary notices	 	 	 15,604
Reminders	 	 	 1,578
Statutory notices	 	 	 4,998

Two hundred and six summonses were issued. Magistrates' Orders to do the work were made in 28 of these. In the remaining cases the work was done without an order.

COURT CLEANSERS. The staff of Court Cleansers who also carry out stripping and limewashing after infectious disease at the default or request of the owners have during the past year carried out 12,184 cleansings of courtyards on the payment scheme in force.

Separate Water Supplies to Houses With Sculleries. A separate supply of water was provided in upwards of 1,400 houses under Section 27, of the Birmingham Corporation Act, 1914 at a total cost of £7,430 14s. 6d. the Corporation paying one-third of this amount.

St. Mary's Churchyard. A recent private Act of Parliament empowering the Governors of the General Hospital to acquire this churchyard as a building site has necessitated the removal of the remains from the vaults and graves before the site could be used. Some 333 bodies were removed in separate cases from private vaults and graves and re-interred at Witton Cemetery, in addition 724 boxes containing approximately the remains of about 7,000 persons were re-interred in a similar manner, under the constant supervision of inspectors of this Department. The whole of this work has been satisfactorily carried out during the past 18 months without a single complaint being received.

ATMOSPHERIC POLLUTION.

Two sets of observations have been made during a number of years:-

- A. By two smoke inspectors as to the amount of black smoke emitted from factory and other chimneys.
 - B. By the City Analyst on the impurities found each month in the rainfall.

The latter is done for the Meteorological Office and is comparable with similar observations taken in a number of other towns.

In regard to smoke from factory chimneys, the inspector is required to make an observation for one hour and record the duration of black smoke emitted. This is done to carry out the requirements of the Birmingham Corporation (Consolidation) Act, of 1883. The following table shows the number of observations made and the number in which excessive emissions were made during each of the past four years.

Total number of observations	•••	•••	1928. 4857	1927. 4636	1926. 4716	1925. 4869
Excessive Smoke—						
From Boiler Fires		•••	99	105	104	97
From Boilers and Furnaces			16	18	17	18
From Metallurgical Furnaces			35	49	48	93
Total number of excessive emission			157	172	169	208
Number of prosecutions (include 2	fo	r grit				
in 1926)			61	54	39	86
Convictions obtained			60	54	39	86
Total amount of fines			£114	£86 10s.	£86 10s.	£184
Average per case			£1/18/0	£1/12/0	£ $2/4/4$	£ $2/2/9$
Cautions given (include 5 for grit		1928)	83	113	124	120

In carrying out his inspections, no prescribed sequence of visits is made to the various districts. Observations are taken either after complaint from householders or other persons affected or as the result of knowledge of old offenders. Thus special observation is kept upon chimneys, owners of which have recently been cautioned or prosecuted, to note improvement or otherwise. Where an offence is committed the inspector immediately visits the premises, interviews the person in charge, and endeavours to ascertain the cause of the smoke emission. If this be due to faulty or careless firing he advises the stokers, furnacemen, etc., and gives a demonstration of how to fire without producing smoke nuisance.

There are approximately 1,133 chimneys attached to the various works in Birmingham. About one-third of these (411) are in connection with metallurgical furnaces (muffles). The latter are frequent smoke offenders, although they are included among the class of trade exempted from prosecution under the Public Health (Smoke Abatement) Act, 1926. There appears to be some tendency in the modernising of plant in the City to the substitution of coke, oil, gas, and electricity, instead of coal for this type of furnace.

During the next few years it is probable that complaints of emission of grit from chimneys will be considerably increased in numbers. It must be noted that two prosecutions were taken and five cautions given in respect of this nuisance. So far, there are only two pulverising plants in the City.

The observations on the dirt content of the air at three separate sites in the City are fully recorded in the Annual Report of the City Analyst. The figures for the City compare favourably with those for other large manufacturing towns. From the accompanying extract it is obvious that considerable reduction can yet be made in the amount of soot in the atmosphere.

Average Deposit Per Month. 1928.

	Tons per square mile.				
	Undissolved.	Dissolved.	Total.		
Bournville Schools	 3.7	5.9	9.6		
Birmingham, West Heath .	 4.2	5.8	10.0		
Birmingham, Post Office .	 21.8	13.1	34.9		

The undissolved deposit referred to in the table consists of tarry, mineral and carbonaceous matter such as is produced by the incomplete combustion of coal. In the Centre of the City the undissolved portion is greatly in excess of the dissolved, while in the suburbs this proportion is reversed. The considerable difference between the total deposit of the Post Office recorder compared with those of Bournville and West Heath gives some indication of the pollution of the atmosphere in the City Centre, and the loss of sunlight entailed.

The Smoke Abatement Act of 1926 which came into operation in July, 1927, has strengthened the hands of local authorities in certain directions. In this Act the term smoke is defined to include soot, ash, grit and gritty particles. Power to take action in respect of grit has already been obtained by the Birmingham Corporation Act, 1922. In the case of black smoke, the defence of "best practical means" (Public Health Act, 1875) is omitted, and proceedings may be instituted when the smoke is not black if it is considered to create a nuisance.

COMMON LODGING HOUSES.

One new common lodging house was opened during the year, and two others were discontinued, thus bringing the total number in the City to 31. As will be seen from the following table close supervision continues to be kept on these premises by the special inspector (who is also canal boats inspector). It is satisfactory to report upon the general high standard of cleanliness and sanitation which is obtained in these establishments. One case of infectious disease was reported, the patient being a man suffering from smallpox who had contracted the infection during the Western Road House outbreak.

It was not found necessary to resort to legal proceedings to remedy any of the contraventions which were found.

No. of houses on register	(for n	nales	only)				27
No. of houses on register							4
No. of lodgers allowed	•••		•••				2081
Registered during year			•••				1
Closed during year			•••		• • •		2
			•••		• • •	•••	1476
No. of visits by night	•••		•••			• • •	100
Average number of persons				• • •		• • •	1494
Contraventions of byelaws							
Paving, drains, waste							619
Miscellaneous contrave	entions	s:—ob	structed	drain	is, acci	umu-	
lation of rubl	oish, e	tc.			• • •		5674
No. of summonses							0

HOUSES LET IN LODGINGS.

Attention has been drawn in previous reports to the problem offered by the poorer class of houses let in lodgings. On the one hand, the premises are often of a poor character, unsuitable for occupation by the often considerable number of families living in them, with as a result a peculiar liability to the occurrence and recurrence of grave sanitary defects and offences. On the other hand, the tenants to whom the rooms are sublet are often subjected to a particularly flagrant form of profiteering, in the grossly exorbitant rents charged for rooms, nominally furnished, but with furniture and amenities of the meanest description. An attempt to deal with this grave problem was made in the local Bill brought before Parliament in the Spring of 1929; the clause proposed to restrict excessive rentals in such premises was however rejected—though the gravity of the abuse was not denied—on the grounds that general and not local legislation was needed to deal with the problem.

It is anticipated that new Byelaws, at present before the Ministry of Health will shortly come into effect, with regard to houses let in lodgings. The Byelaws will empower the local Authority to enforce better lighting, water supplies, cooking accommodation and other facilities making for the comfort and convenience of those forced to live in this class of house, and will enable the local Authority to lay the burden of such supply on the person deriving benefit from the sub-letting.

The following tabular statement indicates the number of houses on the register and the inspections made.

							1928.
Number of houses on register					•••		559
Number of rooms let as single rooms				•••			1,255
Number let two or more rooms toget	ther						1,140
Certified accommodation							5,424 persons
Number of visits							3,025
Notices for repairs							1,014
,, ,, overcrowding		•••	•••		•••		3
,, ,, cleansing							142
,, ,, provision for cooking							197
,, ,, fire extinguishers	•••						92
lighting on ctairs		•••	•••	•••		•••	$\overline{24}$
	•••	•••	•••	•••	•••	•••	
,, ,, repairs to bedding	• • • •	• • •	• • • •	• • •	•••	• • •	2

CANAL BOATS.

The number of canal boats registered at Birmingham is slowly but steadily increasing, and with this increase is to be seen a gradual process of reconstruction including the conversion of the ordinary and steam boats to motor power, leading to improved living conditions,

Cargoes passing through Birmingham consist largely of general merchandise, motor car parts, oil and tar in bulk, sack loads of sugar and flour, milk, etc.

The general health of canal boat people is very good; no case of illness was discovered by the Inspector among the 3,522 persons who occupied the boats examined by him during the year. The one unfortunate feature inseparably associated with this section of the community is that of their lack of education. With a mobile dwelling, the boat remaining only an hour or two or a day at the various places en route, it is extremely difficult for the children to obtain even the rudiments of elementary schooling.

Owing to their mode of living and their almost constant dissociation from life ashore, this lack of education has not been noticed to hamper them in their work or enjoyment of life. They are frequently gifted with a retentive memory, and as a large percentage are unable to read or write sufficiently well to record correctly entries of cargo, this special faculty of memory proves an effective safeguard to them in their dealings.

As a class they are a well nourished, hardy and self-respecting people.

Inspection of Boats.

During the year 1928 the number of boats inspected on the canals within the City area was 1,194, and the number of inspections during each quarter is shown as follows:—

During the first quarter of the year 344 boats were examined.

The 1,194 boats inspected were registered for the accommodation of 3,906 persons and when inspected were found to be carrying 1,420 men, 970 women, and 1,132 children, a total of 3,522 persons, represented in terms of adults as 2,956.

The following table shows the number of boats inspected during the last five years, giving the number of persons whom the boats were registered to accommodate and the actual number of occupants at the time of inspection.

	No. of boats	Registered to	Actually occupied by			Total	Equivalent
Year.	inspected.	carry (adults).	Men.	Women.	Children.	occupying.	to adults.
1924	1,127	3,590	1,358	833	872	3,063	2,772
1925	1,150	$3,712\frac{1}{2}$	1,414	816	798	3,028	2,629
1926	1,081	3,464	1,216	797	888	2,901	2,457
1927	986	3,165	1,087	808	856	2,751	2,323
1928	1,194	3,906	1,420	970	1,132	3,522	2,956

Of the 1,194 boats inspected during the year it was found that 1,091 or 91 per cent. were in good condition and conforming with the Acts and Regulations, while in 103 or 9 per cent. of the total, various contraventions to a total of 241 were found, as set out in the table given subsequently.

Complaint notes were duly served on the owners in all cases.

During the year certificates were returned by owners signed by the various Canal Boat Inspectors, showing that 247 complaints had been remedied.

The following table shows the number and character of contraventions found and remedied during the year:—

	e i	,		bro	tstanding and ought forward	Found during	Remedied during	Carried forward
Contraventions	reterr	ing to			from 1927.	1928.	1928.	to 1929.
Cabins requiring painting					18	68	74	12
Cabins requiring repairs					7	46	45	8
Requiring marking					13	54	59	8
Cabins leaking					6	37	36	7
Registration					_	10	10	_
Not producing certificates						3	3	
Dirty cabins						2	2	
Overcrowding					_	9	8	1
Separation of sexes					1	8	6	3
Water vessels					_	—		
Pumps					_	_		
Ventilation					_	3	3	
No certificate identifying of	wner a	and boa	ıt		_	1	1	
					4 =	041	247	39
					45	241	247	59

It has not been necessary during the year to take any legal proceedings under the Canal Boats Acts or Regulations.

INFECTIOUS DISEASES.

No case of infectious disease was discovered in canal boats in Birmingham during the year under review.

REGISTRATION OF BOATS.

There was a net increase of 8 boats registered at Birmingham during the year, thus bringing the total up to 558.

The following are details of registration and re-registration:—

Registrations:-

New motor boats registered						4
New ordinary boats registered						5
New steam boats registered		• • •				
Re-Registration		•••	• • •	• • •		2
(2 boats from Brentford and Ber	kham	pstead).				
					Total	11
Registration cancelled	• • •				• • •	3
Increase in number registered	• • •	• • •				8
Re-registration in Birmingham (Cha	nge o	of owner	rship)			4

The number of boats on the Birmingham Register for the last five years has been as follows:-

December	31st, 1924,	Boats on register	 534
,,	1925	,,	 537
,,	1926	,,	 551
,,	1927	,,	 550
,,	1928	,,	 558

The 558 boats on the register are classified as follows:—

Ordinary boats	 	 • • •	 		483
Steam boats	 	 	 		3
Motor boats	 	 	 		72
				Total	558

It will be noticed that steam boats have now been reduced to three only, four of this type having been reconstructed and installed with motor engines.

FACTORIES AND WORKSHOPS.

(Dr. Matthew Burn, Assistant Medical Officer of Health).

To see that those requirements of the Factory and Workshops Acts which come under the supervision of the local authority are carried out three inspectors are employed (two men and one woman), and a synopsis of the work done is tabulated below:—

I. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

	Number of				
Premises.	Inspections.	Written Notices.	Occupiers Prosecuted.		
Factories (including Factory Laundries) Workshops (including Workshop Laundries) Workplaces (other than Outworkers' premises)	1,691 5,089 360	112 210 55			
Re-Visits	3,858	1			
Total	10,998	377			

II. DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

	N	umber of De	fects.	Number of offences in
Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	respect to which Pro- secutions were instituted
Nuisances under the Public Health Acts:—				
Want of cleanliness	1,408	1,383		
Want of ventilation	16	16		
Overcrowding	3	3		
Want of drainage of floors	5	3		
Other nuisances	632	620		
Sanitary accommodation:				
Insufficient	41	41		
Unsuitable or defective	1003	878		
Not separate for sexes	48	46		
Offences under the Factory and Workshop Acts:				
Illegal occupation of underground bakehouses	_			
Other offences				
Total	3,156	2,990	_	

SHOPS ACT, 1912-13 AND HOURS OF CLOSING ACT, 1928.

(Report by Dr. T. N. V. Potts, Senior Assistant Medical Officer of Health).

The work under the above Acts continued to be carried out by two whole-time Inspectors.

Closing and Exemption Orders under the 1912 Act.

These orders are the same as were in force in the previous year. The closing orders include pawnbrokers, and hay and corn dealers, who are required to close their shops on a half-holiday on a specified day in each week (a Wednesday or a Saturday being the day selected), and butchers who are required to close their shop at 8 p.m. on Friday nights and at 7 p.m. on all other nights of the week.

The exemption orders in force are those relating to grocers' shops and photographic studios which are freed from the necessity of closing for a weekly half-holiday.

Proceedings against butchers for keeping open after the hours permitted in the Order were taken in 19 cases with the following results:—

- 1 defendant was fined £5 for a third offence.
- 3 defendants were fined £3 each for a third offence.
- 3 defendants were fined £2 each for a second offence.
- 11 Defendants were fined £1 each for a first offence.
- 1 defendant was fined 10/- for a first offence.

A number of contraventions were reported under the 1912 Act for keeping shops open on the specified half-holiday in the weeks preceding Christmas, 1927.

Prosecutions were undertaken in thirty cases with the following results:—

- 27 defendants were fined 10/- each.
- 3 defendants were fined 5/- each.

Shops (Hours of Closing) Act, 1928.

The previous temporary legislation under the Acts of 1920 and 1921 was placed permanently on the Statute Book by the passing of the Shops (Hours of Closing) Act, 1928, on August 3rd, 1928.

This Act was passed as the result of the findings of the Royal Commission on the 1920-1921 Closing Acts, of which Alderman Sir David Brooks was a member.

The new legislation, while making the restrictions more stringent in some directions, still contains a number of "exemptions" which cause the inspectors some difficulty in carrying out the provisions of the Act.

The exemption which still allows sweets and sugar confectioneries to be sold until 9.30 p.m. (except Saturday when the hour is 10 p.m.), provides a loop-hole for the shop-keeper with a small mixed business. In this case a customer may enter the shop under the pretext of purchasing sweets and he may leave having purchased other articles in respect of which an earlier closing time was fixed.

Similarly the term "newly cooked provisions" in the Act gives ample scope for evasion. It is advised that this expression is to be interpreted to include *all* cooked meats, whether cold or hot, e.g., "à la mode beef," brawn, etc. Shops are kept open ostensibly for the sale of these provisions but surreptitious sales of a prohibited nature are of frequent occurrence.

Test purchases are not made by the Inspectors; any such course would obviously be most undesirable. But it is obvious that if customer and vendor were to co-operate to evade the Act the obtaining of conclusive evidence such as will satisfy the magistrates would often be fraught with considerable difficulty.

The concession embodied in the new legislation of allowing the sale of tobacco, table waters, etc., on licensed premises during the hours that intoxicating liquor is permitted by law to be served has to some extent reduced the number of complaints received at the Public Health Department.

A natural effect of this Clause has been the production of a certain amount of controversy with tobacconists in the vicinity who are compelled to close their shops at an earlier hour.

The clause permitting the sale of tobacco, matches and sweets during the performance in any theatre has also been the means of reducing complaints, of which large numbers were previously received.

Proceedings were taken under the above Act in 32 cases for keeping shops open after the closing hour with the following results:—

- 1 defendant was fined £5 for a fourth offence.
- 2 defendants were fined £2 each for a second offence.
- 3 defendants were fined £1 each for a second offence.
- 1 defendant was fined 15/- for a first offence.
- 19 defendants were fined 10/- each for a first offence.
- 4 defendants were fined 5/- each for a first offence.
- 1 defendant was fined 2/6 for a first offence.
- 1 summons was not served.

SCHOOLS.

No undue prevalence of infectious disease has occurred at any of the schools during the year. Diphtheria constitutes the chief of these maladies in Birmingham, and action taken at schools for the purpose of preventing its spread is described elsewhere (p. 58).

The Schools continue to be the main source of information regarding cases of measles, mumps, whooping cough and chicken pox, these diseases not being compulsorily notifiable by the medical attendant. The health visitors visit the homes of children suffering from these four contagia. Details of their work are given on page 25.

Full particulars as to the health of school children are given in the Annual Report of the School Medical Officer.

IV. HOUSING.

The total number of new houses built in the City and certified as fit for habitation was 4,992, of which number 3,505 were built by the Municipality and 1,487 by private enterprise.

The following table shows the number built during each year since 1920:—

		No. of houses erected by private enterprise.	Corporation houses.	Total.
1920		 244	553	79 7
1921		 426	970	1,396
1922		 382	810	1,192
1923		 556	1,621	2,177
1924		 1,201	1,992	3,193
1925		 1,774	3,215	4,989
1926		 1,775	5,159	6,934
1927		 2,445	4,007	6,452
1928		 1,487	3,505	4,992
			24.002	
	Total	 10,290	21,832	32,122

The wards in which new houses have been built since 1920 are indicated below:—

The wards in w	thich new houses	have been b	ouilt sind				
				\mathbf{H}	ouses erected		
					by private	Corporation	
	War	d.			enterprise.	Houses.	Total.
	St. Pau	ıl's			2	—	2
	St. Ma	ry's			4		4
	Duddes	ston and Ne	chells				—
Central Wards.		tholomew's			2	180	182
	St. Ma	rtin's and D	Peritend			_	
	Market	Hall					
	Ladywo						
	(_		
		Tota	al Centra	al War	ds 8	180	188
					_		
	Lozells				6	—	6
	Aston				17		17
		rood Heath			310	969	1279
	Saltley				66	2457	2523
	Small I				97	1227	1324
Middle Ring.	Sparkb	rook			2		2
	Balsall	Heath			9		9
	Edgbas	ston			467		467
	Rotton	Park			91	_	91
	All Sai	nts'			20		20
		Tota	al Middl	e Ring	1085	4653	5738
	C 1						400
	Soho		• • •	• • •	103		103
	Sandwe		• • •	• • •	239	277	516
	Handsy			• • •	508	110	618
	Perry I		• • •	• • •	21		21
		ton North			900	3716	4616
	Erding	ton South		• • •	361	816	1177
Outer Ring.	Yardley				650	2490	3140
	Acocks				1024	4448	5472
	Sparkh				1885	2778	4663
		y and Kings	Heath		906	1466	2372
	Selly C				537	_	537
		Norton			290	560	850
	Northfi				1194	2 90	1484
	\ Harbor	ne		• • •	579	48	627
		Tot	tal Oute	r Ring	9197	16999	26196
			Grand	Total	10290	21832	32122

The following table indicates the varying degree of activity in new housing since 1901:—

				Average
			Average Number	New Houses
			of New Houses	per 100,000
			erected.	of population.
1901-05		 	3180	410
1906-10		 	2810	345
1911-15		 	1183	137
1916-20		 • • •	335	37
1921-25	• • •	 	2589	275
1926		 	6934	722
1927		 	6452	665
1928		 	4992	511

There is still a considerable shortage of houses in the City. This makes it difficult as yet to recommend the closing and demolition of houses which are not in good repair. Under present circumstances, if it is possible to repair and keep inhabited even a house that has only a relatively short further lease of life, such an alternative to closure has to be adopted rather than add to the continued shortage of houses.

11 properties were repaired either in default of or by agreement with the owners during the year at a cost of over £1,500 and arrangements made for the cost of this work to be paid for by the owners by instalments spread over a number of years.

218 notices were served under Section 3, Housing Act, 1925, calling upon owners to remedy defects in their houses. In 28 cases the owners served counter-notices electing to close rather than repair.

HOUSING IN 1928.

Number of new houses exected during the year 1000

	Nu	mber of new (a) (b)	Tota	al	ted duri assist:				•••	 ng Ac		•••	4,992			
		(~)			Local			011 0					2,995			
					er bodie			ns				•••	950			
1.	Uni	FIT DWELLING	Нот	JSES.												
	Ins	pection—(1) 'I Health or H				lling-	-houses 	insp	ected	for l	nousing 	defect	s (uno	der Pu	ıblic	38,488
	(2)	Number of solidated) R					ere ins	p ec te	d and	recor	ded un	der th	e Hou	sing (Con-	5,909
	(3)	Number of to be unfit	dwell for h	ing-hou uman l	ses four abitatio	nd to	be in	a sta	te so	dange	erous or	injur	ious to 	healtl	ı as	14
	(4)	Number of found not to	dwell be	ling-hou in all re	ses (excespects	elusiv reaso	ve of tonably	hose fit fo	referr r hum	ed to u	ınder th ibitation	e prece	ding su	ıb-head 	ing)	28,363
2.	REI	MEDY OF DEF	ECTS	WITHO	UT SERV	/ICE	ог Гон	MAL	Notic	ES.						
	Nu	mber of defe Local Autho					endered 	l fit	in eoi	nseque 	nec of	inform: 	al actio	on by	the	23,399
3.	Acı	rion under S	TATUI	rory Po	WERS.											
	A.	Proceedings	unde	er Secti	on 3 of	f the	Hous	ing A	Act, 19	925.						
		(1) Number	r of	dwellin	g-houses	s in	respec	t of	which	notice	es were	served	requir	ing rep	airs	218
		(2) Number	r of	dwellin	g-houses	s whi	ch wer	e rei	dered	fit af	ter serv	ice of f	ormal	notices	_	
		(a) By	y ow	ners	•••	•••				•••			•••			121
		, , ,			hority i								•••	•••	•••	20
		(3) Number pursua	r of nce o	dwelling f declar	g-houses ation b	in y ow:	respect ners of	of v	which ntion	Closin to clos	g Orde	rs bec	ame or	erativ	e i n	28

B.	Pro	ceedings under Public Health Acts.	
	(1)	Number of dwelling-houses in respect of which notices were served required defects to be remedied 6,1	20
	(2)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
		(a) By owners 5,4	22
		(b) By Local Authority in default of owners	15
C.	Proc	ceedings under Sections 11, 14 and 15 of the Housing Act, 1925.	
	(1)	Number of representations made with a view to the making of Closing Orders	14
	(2)	Number of dwelling-houses in respect of which Closing Orders were made	14
	(3)	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0
	(4)	Number of dwelling-houses in respect of which Demolition Orders were made	0
	(5)	Number of dwelling-houses demolished in pursuance of Demolition Orders	0

V. INSPECTION AND SUPERVISION OF FOOD.

THE MILK SUPPLY.

(Dr. Matthew Burn, Assistant Medical Officer of Health).

Almost the whole of the milk supply comes from an area of 50 miles' radius from the centre of the City, the remaining small amount coming from farms lying near or within the boundary. Some 80 per cent. of the milk is road-borne and is delivered once daily, the remaining portion being sent in by rail.

BACTERIOLOGICAL EXAMINATION OF MILK.

There were 524 samples of raw milk submitted for bacteriological examination, and analysis of the results shews that although generally there has been no definite rise in the standard of bacterial purity a number of firms continue to receive raw milk of a very high standard.

There were 868 samples of pasteurised milk examined bacteriologically, and an analysis of the results would indicate—

- (1) As in past years, the "positive holder" process continues to give more uniform results, and the percentage of bacteria destroyed is generally higher than in the other types.
- (2) A definite improvement in the quality of the milk from "positive holders," as compared with 1927, as evidenced by a 40 per cent. reduction of bacteria per c.c.
- (3) That with the "Flow Retarder Type" the satisfactory results have not been maintained, as evidenced by a 55 per cent. increase of bacteria per c.c.
- (4) That in the "Flash Point Type" the high bacterial counts have been continued, the individual results shewing extreme variation.

The check offered by bacteriological examination is a valuable one and incidentally proves of much benefit to the producer. Such benefits can be readily appreciated when it is remembered that samples are taken during the various processes of pasteurisation; and variation in results, which are not in conformity with the stage of treatment, would indicate, in the main, where the system is faulty. Such results and indications are made known to the producers who are usually very willing and desirous to act on any advice given.

REGISTRATION AND INSPECTION OF MILKSHOPS.

A synopsis of the work of the two inspectors who were wholly employed during the year to see that the enactments contained in the various Acts and Orders relating to milk supply are properly carried out is given below:—

No. of Milkshops on Register					3,513
No. of Wholesale Purveyors on Register					100
No. of Retail Purveyors on Register					847
New milkshops registered					71
New Wholesale Purveyors registered					22
New Retail Purveyors registered					107
Milkshop transfers					302
No. of visits to Milkshops					4,525
No. of visits to Wholesale Purveyors					533
No. of visits to Retail Purveyors					1,669
No. of visits to Railway Stations					83
Milk vessels examined at Milkshops					10,090
Milk churns examined at stations					938
Milkshops and Stores limewashed				• • •	32
Sanitary defects found		• • •	•••		$\frac{12}{2}$
Other contraventions					7
Cases of infectious disease reported				• • •	33
Milkshops registrations cancelled		• • •			200
Wholesale Purveyors' registrations cancelled	٠	•••			5
Retail Purveyors' registrations cancelled		• • • •	• • •	•••	92

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Below is given the number of dealers in the City licensed under the above Order:

Producers of Certified Milk		 	 	1
Dealers in Certified Milk				
Producers of "Grade A" Milk		 	 	2
Dealers in "Grade A" Milk		 	 	7
Dealers in "Grade A" (Tuberculin Tested)) Milk	 	 	3
Dealers in Pasteurised Milk				
Supplementary Licences in Pasteurised Mil	k	 	 	2
Dealers in "Grade A" Pasteurised Milk		 	 	1

The prices of Graded Milks are given below:-

						Per pint.
Certified				 	 	 5d.
Grade A ('	Tuberc	ulin T	Cested)	 	 	 4½d.
Grade A						
Grade A (Pasteur	rised)		 	 	 4đ.
Pasteurised						

MILK AND DAIRIES ORDER, 1926.

All matters referable to dairies come under the control of the milk inspectors of the Public Health Department, matters relating to cows and cowsheds coming under the supervision of the Veterinary Department.

Generally it may be said that the Order is being complied with in a satisfactory manner, and a steadily rising standard of cleanliness is being obtained in these dairies.

PROSECUTIONS.

One prosecution was undertaken during the year.

In this case the owner of a milk shop was prosecuted for opening bottles of sterilized milk and selling part of the contents loose. Fined 2/6.

INSPECTION OF COWS AND COWSHEDS IN THE CITY.

(Report by Mr. Brennan Devine, F.R.C.V.S., Veterinary Superintendent).

Systematic inspection of cowsheds and cattle in City Dairies which are registered under the Milk and Dairies Order, 1926, was carried out during the year.

The following table shows the number of cowsheds, the number of visits paid by the Veterinary Inspectors to City Dairies, and the number of cows in City Dairies at 31st December, 1928, as compared with the previous year:—

		Dairy	Cow	Dairy	Visits to
		farms.	sheds.	Cows.	sheds.
31st December, 1928	 	 108	224	1,532	2,566
31st December, 1927	 	 112	234	1,531	2,793

Cows.

The health, condition, and cleanliness of the cows inspected has been good, and in only one case was it found necessary to write to the owner calling attention to the insanitary condition of his cows.

Mastitis. Twenty-nine cows were found to be affected with acute catarrhal mastitis. In each case the owners were notified that the milk from these cows should not be sold for human consumption, and where possible the animals were kept isolated from the rest of the herd.

Foot and Mouth Disease. Birmingham was still included in an Infected Area on January 1st and the restrictions remained in force until February 9th, since which date the City Area has been free from restrictions until December 31st. During the period that the restrictions were in force it was deemed advisable to temporarily discontinue the regular veterinary inspection of City Dairies.

Tuberculosis Order, 1925. This Order provides for the notification by the owner of cattle affected with tuberculosis and for the payment of compensation in respect of tuberculous cows slaughtered.

23 suspected cases were reported and on examination 19 cows in City Dairies were found affected with tuberculosis and were dealt with under the Order. In each case the diagnosis of tuberculosis was confirmed as under:—

(a)	Tuberculosis of the udder Tuberculous emaciation			• • •		8 cows.
(b)	Tuberculous emaciation	• • •	• • •		•••	9 ,,
(c)	Chronic cough, etc	•••	•••	•••	•••	2 ,,
						19 ,,

COWSHEDS.

These have been regularly inspected, special attention being paid to adequate lighting, ventilation, including air space, and the cleansing, drainage, and water supply.

In four cases it was found necessary to write to the Cow-keepers requesting them to more thoroughly cleanse their sheds.

The limewashing of all the cowsheds was carried out during the Summer months while the cows were out at grass.

220 sheds have been given Registration Numbers and 4 other sheds are awaiting alterations prior to Registration. During the year 2 other buildings have been converted into cowsheds and one shed has been repaired according to instructions.

New Cowkeepers. Two applications were received from dairymen to commence keeping cows in the City for the sale of milk. In both cases the sheds have been altered to make them suitable for registration and the applicants' names have been placed on the register.

Dairies Discontinued. Eleven dairymen have discontinued keeping cows, and their names have been removed from the register.

Changes of Occupancy. In three cases the farms have changed hands, and the register has been rectified accordingly.

Added Area of Perry Barr. Five farmers in the part of Perry Barr annexed to the City April 1st, 1928, were found to be keeping dairy cows for the sale of milk and were given particulars of the alterations necessary to make their sheds comply with our requirements for registration. In two cases the sheds have been altered and registered, and in the other three cases the suggested alterations affecting four sheds have not yet been completed and the sheds are not yet on the register.

TUBERCULOSIS AND THE MILK SUPPLY.

The precautions to reduce the amount of tubercle infection in the milk sold in the City have been continued on similar lines as in previous years, namely:—-

- (a) The detection of infection in the milk supply both from city dairies and outside sources.
- (b) The eradication of tuberculosis from dairy herds supplying milk to Birmingham.
- (a) The Detection of Infection in the Milk Supply.

Milk and Dairies (Consolidation) Act, 1915. Section 8 of this Act empowers Local Authorities to take samples of milk and during the year 1,056 mixed samples of milk were taken at City Dairies and from supplies sent to Birmingham Depots from outside sources, as follows:—

				Mixed	Result o	of Exam.	Percentage
Source.				Samples.	Free.	Infected.	Infected.
City Dairies			 	82	77	5	6.1
Gloucestershire			 	59	58	1	1.7
Shropshire			 	97	92	5	5.2
Staffordshire			 	406	358	48	11.8
Warwickshire			 	313	283	30	9.6
Worcestershire			 	78	72	6	7.7
Various			 	21	20	1	4.8
							—
Year ended 31st D	ecember,	1928	 	1,056	960	96	9.1
	<i>'</i>						—
Year ended 31st D	ecember.	1927	 	899	835	64	7.1
2000 011000 0100 2	,					-	

(Note.—In connection with the 5 infected samples from City Dairies, 5 cows were found affected with tuberculosis and were slaughtered under the Tuberculosis Order).

Section 4 of the Act provides that we may send a Veterinary Inspector to be present when an inspection is made by a Local Authority of a herd from which infected milk is received. As a result of 91 of the samples of milk from outside sources being found infected, notification was sent in each case to the county authorities, and the subsequent action taken involved 100 visits to farms by our Veterinary Inspectors and the examination of 2,744 cows, 80 of which were found to be affected with tuberculosis and slaughtered. These affected cows were traced to 69 farms, but in the other 22 cases the affected cows were not discovered. Further depôt samples have been taken and in each case found to be free, proving that in these 22 cases the offending animals had been disposed of, or had gone "dry" between the time the infected depot samples were taken and our visits to the farms.

(b) THE ERADICATION OF TUBERCULOSIS FROM DAIRY HERDS.

In order to minimise the risk of tuberculous infection in the City's milk supply, the above scheme provides for the free tuberculin testing by the Veterinary Staff of the herds of any owners supplying milk to the City, and who are willing to comply with the conditions necessary to make the scheme a success.

At the beginning of the year there were 21 herds comprising 713 cows in this scheme. During the year 2 new herds were brought into the scheme, and 4 herds were withdrawn owing to a high percentage of reactors.

19 herds comprising 688 cows were continuing in the Scheme on 31st December; of these 7 are tested for "Certified" or Grade "A" (Tuberculin Tested) Milk.

The following is a list of herds dealt with under the scheme:-

	А	pprox. No.	Certified and Grade A (T.T.)	Breeding	Non-	Mixed	City	Outside
No.		in Herd.	Milk.	Herds.	Breeding.	Herds.	Dairies.	Dairies.
1		100	1	1	-	-	1	—
2		16	_	—	1	—	1	_
3		44	_	_	_	1	1	-
4		65	1	_	—	1	—	1
5		25	1	1	-	_	-	1
6		20	_	_	_ ,	1	_	1
7		9	—	1	—	—	1	_
8		25	1	1	_	_	_	1
9		13	_	1	_	_	-	1
10		32	1	_	-	1	—	1
11		4	_	1		_	—	1
12		23		_	_	1	1	_
13		30	_	1	_	_	_	1
14					Discontinued.			
15		100	_	_	_	1	1	_
16		41	_		_	1	_	1
17					Discontinued.			
18		17	1	1	_	—	-	1
19					Discontinued.			
20		67	_	1	—	—		1
21					Discontinued.			
22		41		1	_	—	1	_
23		16	1	_	-	1	_	1
_			_	—	—	-	_	
19		688	7	10	1	8	7	12
_					_	_	_	_

Note.—In addition, two other herds comprising 90 cows were submitted for testing, but owing to the high percentage of reactors at first test they were not brought into the scheme.

Cow Testing.

The testing of the herds which come under the Scheme is carried out half-yearly:-

)	•
							С	ows Test	ted.	Passed.		Failed.	Doubtful.
	1	• • •	• • •	• • •	• • •	• • •		307		303		1	3
	2	• • •	• • •	• • •	• • •	• • •	•	37		24		13	_
	3		• • •	•••				122		113		9	
	4		• • •			• • •		97		86		11	_
	5							62		62		_	_
	6					• • •		36		25		10	1
	7							23		13		10	-
	8							88		82		6	_
	9							25		21		3	1
	10							63		62		1	
	11							8		8			
	12			•••				55		46		9	
	13							49		43		6	_
	14						•	9		6		3	_
	15							197		186		11	
	16					• • •		80		67		13	_
	17	•••		•••	•••			121		102		19	_
	18			•••	•••			34		33		1	
	19	•••		•••				Disconti	nued	_			
	20			•••				138		120		11	7
	$\overline{21}$							Disconti	nued			_	
	$\frac{1}{22}$			•••		• • •		89	iiaca	66		23	
	23		•••	•••	•••	• • •		44		30		11	3
										00			· ·
Here	ds teste	d but	not b	rought	into t	he S	cheme	:					
	24							78		40		38	_
	$\frac{1}{25}$							12		8		4	
		•••	•••	• • • • • • • • • • • • • • • • • • • •	•••		•						-
						Т	`otals	1.774		1,546		213	15
						_	0						
							%			87.15		12	.85
							70						_
							SUMMA	DV					
						•	JUMMA	KY.					
	Dairy 1			e City			•••						108
	Milking	g Cow	'S	•••			• • •	• • •	• • •	•••			1,532
	Visits												2,566
	Cows i	n City	⁷ Daii	ries affe	ected	with	Masti	is					29
	Cows i	n City	/ Dair	ies affe	ected :	with	Tuber	culosis					19
	Sample	es of Ň	lixed	Milk ta	aken							•••	1,056
								infecte				•••	96
	Visits t												100
	Herds			• • •									25
	Cows t				•••	•••		•••		•••	•••	•••	1,774
	Cows		passe			•••		•••		•••	•••	•••	1,546
	Cows							•••		•••			228
				. Jo Pett									

INSPECTION OF MEAT AND OTHER FOODS.

(Report by Mr. Brennan Devine, F.R.C.V.S., Veterinary Superintendent).

SLAUGHTERHOUSES.

At 31st December, 1928, there was a total of 98 private slaughterhouses and 2 knackeries in use in the City area:—

Registered Sl	aughte	rhouses		 	 	 50
Annually Lice	ensed S	laughterho	uses	 	 	 48
Knackeries	• • •	.,. ,.		 ,,,	 	 2
						100

During the year 8,476 visits of inspection were made to private slaughterhouses and knackeries.

REGISTERED FOOD PREPARATION PREMISES.

Section 33 of the Birmingham Corporation Act, 1914, provides that:-

(1) Any premises used or proposed to be used for the preparation or manufacture of potted or preserved meat, fish, or other food, intended for the purpose of sale shall be registered by the owner or occupier thereof with the Corporation from time to time, and no premises shall be used for the purposes aforesaid unless the same are registered as aforesaid.

The following is a summary of the Food Preparation Premises registered at 31st December, 1928:—

						No	o. in City.
A-la-mode Beef				 	 		112
Sausage Manufacturers				 	 		39
Pork Pie Manufacturers				 	 		57
Tripe Dressers				 	 		52
Potted and Cooked Mea	t Man	ufactur	ers	 	 		122
Ham Manufacturers				 	 • • •		5
Jam Manufacturers				 	 		1
31st Dec	ember,	1928		 	 		388
31st Dec	ember,	1927		 	 		367

Shops. In addition to the Registered Food Preparation Premises the following shops on our list were regularly visited by our Inspectors during the year:—

				-		
Beef and Pork B	utchers					830
Grocers						1,235
Hucksters	•••		• • •			2,234
Green Grocers	•••		•••	• • •		1,125
Confectioners	•••	• • •	•••	• • •	• • • •	66
Coffee Houses	•••	• • •	• • •	• · ·	• • • •	376
Restaurants Fishmongers	•••	• • •	• • •	• • •	•••	86 39
Caterers			• • • •			$\frac{35}{25}$
Fried Fish, etc.				•••	• • •	562
, .					•••	
						6,578

VISITS OF INSPECTION.

During the year 98,154 visits of inspection were paid by the Inspectors as compared with 75,411 visits in 1927, namely:—

				Visits of	Visits of Inspection.		
				1928.	1927.		
Slaughterhouses				8,478	6,626		
*Beef and Pork But	chers			28,233	23,646		
Fishmongers	• • •		• • •	6,834	5,770		
Fruiterers, etc.				9,023	7,808		
Grocers, etc			•••	1,976	1,199		
Ham and Bacon D	resser	S		991	804		
Street Hawkers				23,185	17,590		
Cold Stores				6,431	4,593		
Food Preparation	Premi:	ses		7,607	5,234		
Fish Friers			•••	2,570	2,084		
Horseflesh Shops				10	9		
Hucksters, etc.	•••	•••	•••	2,816	48		
				98,154	75,411		
*Includes visits by	reques	t, viz.	-	1,457	1,449		

SLAUGHTERING OF ANIMALS FOR FOOD.

The following returns show the number of animals slaughtered in the Public Slaughterhouses during the year 1928 and the preceding year:—

CITY MEAT MARKET.

1928 1927	Beasts. 48,087 43,835	Calves. 63,973 56,000	Sheep & Lambs. 262,688 265,385	Pigs. 72,562 41,134	Total. 447,310 406,354
1898	20,175	10,857	100,458	11,703	143,193
Increase %	138.3	489.2	161.5	520	212.4

(Note.—The City Meat Market and Public Slaughterhouses were opened for business December 27th, 1897, and the increase per cent. is since the year 1898).

Return of animals slaughtered during the two heaviest weeks of 1928:-

Week ended.	Beasts.	Calves.	Sheep & Lambs.	Pigs.	Total.
Sept. 15th	 928	1,347	8,819	1,313	12,407
Sept. 29th	 1,128	1,888	6,392	1,847	11,255

During practically the whole of the year the Abattoir has been working to its fullest capacity and as the number of animals slaughtered there is increasing from year to year I consider that the slaughtering space in the Market should be increased.

Public Slaughterhouse, Montague Street.

		Beasts.	Calves.	Sheep and Lambs.	Pigs.	Total
1928	•••	13		442	3,660	4,115
1927		9	3	71	2,939	3,022

Total number of animals slaughtered in Private and Public Slaughterhouses during the year:-

Public Slaughterhouses Private Slaughterhouses	Beasts. 48,100 7,875	Calves. 63,973 4,697	Sheep & Lambs. 263,130 63,757	Pigs. 76,222 254,473	Total. 451,425 330,802
	55,975	68,670	326,887	330,695	782,227

IMPORTED MEAT.

During the year the following imported meat was sold in Birmingham:-

Beef Mutton, etc.		Tons. 10,897 9,158	Cwts. 16 13	Ors. 2 2
Offal	•••	594	5	2
		20,650	15	2

Caseous Lymphadenitis. During the year we met with several cases of Caseous Lymphadenitis on our Markets. We regularly receive from the Port Sanitary Authorities notification of any Imported Mutton being forwarded to Birmingham. Following these notifications we arrange with the firms concerned for the inspection of each consignment.

Unless there is reason to suspect the disease in any particular consignment we usually examine 10 per cent. of the whole, but if the disease is found then the whole of the consignment is examined.

Up to the 31st December, 89 carcases of Imported Mutton, weighing approximately 2 tons 7 cwts., were found to be affected with Caseous Lymphadenitis and sent to Montague Street for destruction,

Unsound Meat, Etc.

Return of Diseased Organs destroyed as unfit for human food:-

	3	Bulls.	Cows.	Calves.	Swine.	Sheep.	Goats.	Total.
Lungs-								
Tuberculosis		687	2,076	87	4,481	_		7,331
Other Conditions		410	1,249	501	1,174	748	4	4,086
Hearts—								
Other Conditions		120	379	465	996	843	3	2,806
Bowels-								
Tuberculosis		503	1,577	25	3,993	_		6,098
Other Conditions		135	423	339	259	514	4	1,674
Stomachs—								ĺ
Tuberculosis		505	1,585	25	4,034			6,149
Other Conditions		133	418	340	281	512	4	1,688
Spleens-								,
Tuberculosis		506	1,584	77	4,483	_	_	6,650
Other Conditions		141	438	499	1,137	866	5	3,086
Livers—					,			,
Tuberculosis		563	1,690	79	4,478		_	6,810
Other Conditions		2,309	6,927	57 0	2,334	11,238	4	23,382
Kidneys—		-,	-,-		, , , , , , ,	,,		,
Tuberculosis		456	1,382	72	324	_	_	2,234
Other Conditions		183	566	752	441	1,697	8	3,647
Udders—						_,	_	-,
Tuberculosis			290		173		_	463
Other Conditions			317		334	_		651
Heads—								001
Tuberculosis		443	1,337	69	4,883	_	_	6,732
Other Conditions		148	454	366	133	204	4	1,309
Fore Quarters—				000	200		_	1,000
Tuberculosis		16	56	5	37			114
Other Conditions		9	32	_	9	9		59
Hind Quarters—					, and the second			00
Tuberculosis		10	46	_	2			58
Other Conditions		14	59	2	$1\overline{4}$	5	_	94
Carcases—				-				
Tuberculosis		96	305	33	189	_		623
Other Conditions		108	336	487	357	1,480	7	2,775
Cinci Conditions		100		10,	001	1,100	•	_,

MISCELLANEOUS.

The quantity of miscellaneous meat surrendered was approximately 13 tons, of which the greater part was considered unfit owing to putrefaction.

Weight of Meat Surrendered. The total weight of meat surrendered during the year was 593 tons, as compared with 603 tons during 1927. This included 257 carcases of calves for immaturity. The number of cases of surrender is 11,558.

Frozen Meat. During the year there were 4 tons 9 cwts. of frozen and chilled meat surrendered for putrefaction.

Return of Fish, Fruit, Vegetables, Poultry, etc., destroyed as unfit for food:-

No. of Surrenders, 594 1,125 168 88	Fish Poultry, etc Fruit and Vegetables Miscellaneous	 	Tons. 71 19 77 3	Cwts. 6 17 16 1	Qrs. 1 2 3 0	Lbs. 2 17 25 12
1,975			172	2	0	0

SHELL FISH, ETC.

The following is a summary showing the samples, taken during the year and submitted for bacteriological examination, of shell fish offered for sale on our Market:—

Number of Samples. 5 73 2 4	Samples. Oysters Mussels Cockles Periwinkles	 	 English. 3 52 2 4	ORIGIN. Irish. 18 —	Other Sources. 2 3 —
84			61	18	5

As a result of the bacteriological examination, mussels from Oranmore Bay, Ireland, and Penclawdd, South Wales, were prohibited from being offered for sale on our Markets.

MISCELLANEOUS.

Sugar Sweepings. During the year we received notification of 271 bags of Sugar Sweepings being forwarded from the Port of London to Birmingham. These were controlled by us until they had been submitted to a special refining and filtration process when they were examined and passed as fit for human consumption.

Food Poisoning. During the year we received and investigated a number of complaints respecting the condition of foodstuffs, which were alleged to have been the cause of food poisoning.

Public Health (Meat) Regulations. The standard of the meat trade and of the butchers' shops in Birmingham has greatly improved since the introduction of the Public Health (Meat) Regulations. The new shops which are being opened are mostly of the fixed window type and in many cases existing shops with open windows have been converted into the fixed window type.

Sale of Food Order, 1921. Part 3 of this Order provides for the labelling of Imported Produce. A notice has been drafted calling the attention of butchers, and other persons concerned, to the requirements of the Order for the special marking of Imported Meat.

Perry Barr. In the part of Perry Barr annexed to the City, 1st April, 1928, there are 18 pig keepers and 13 farmers owning 15 farms. There are no private slaughterhouses in the added district.

PROSECUTIONS.

The following is a summary of prosecutions in which convictions were obtained for offences under the Public Health Acts and the Public Health (Meat) Regulations:—

	Number of Convictions.	Total of Fines.
Diseased Meat	3	£68
Public Health (Meat) Regulations	1	£1

VI. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

INFECTIOUS DISEASES GENERALLY.

(Report by Dr. T. N. V. Potts, Senior Assistant Medical Officer of Health).

No outstanding variation in the general incidence of the notifiable infectious diseases took place during the year.

Notification through the schools of whooping cough shewed an increase of nearly 4,000 cases upon the figure for the previous year, and in the case of measles there was a decrease in the number reported of slightly over 4,000. A continuance of the low incidence of the mild type of scarlet fever and a further slight decline in the number of cases of encephalitis lethargica are to be noted. Small-pox was introduced into the City early in the year, but by close supervision of contacts and immediate vaccination the outbreak was strictly limited.

Disease.						Deaths in 1928	Average 1918-27.	Above or below the average
Enteric Fever	• • •		•••		•••	3	4	— 1
Smallpox	• • •					1	0	+ 1
Measles	•••	• • •	•••	•••	•••	41	122	— 81
Scarlet Fever		•••		• • •		5	34	— 29
Whooping Cou	ıgh	•••		• • •	•••	163	162	+ 1
		•••		•••		70	121	— 51
Pulmonary Tul	bercul	osis	• • •	• • •		840	931	 91
Other Forms	of Tu	berculo	sis	•••	•••	125	153	— 28
Influenza		•••	• • •	•••	•••	130	590	- 460

The prevalence of the notifiable diseases is shown in the next table:-

Diagram						Canan in	A	Above
Disease.						Cases in	Average	or below
						1928.	1918-27.	the average
Enteric Fever	• • •	•••	• • •	•••	• • •	20	31	11
Smallpox		•••	• • •	•••	•••	54	1	+ 53
Scarlet Fever		•••	•••	•••	• • •	1521	2590	1069
Diphtheria				•••	•••	1552	1521	+ 31
Erysipelas		•••	• • •	•••	•••	466	387	+ 79
Puerperal Feve	r			• • •		84	129	45
Puerperal Pyre	xia					133	Only recently n	otifiable.
Ophthalmia No	eonato	rum		•••		530	385	+ 145
Pulmonary Tu	bercul	osis	•••	•••		1361	1968	— 607
Other Forms of	f Tub	erculos	is	• • •		245	328	83
Acute Primary	or In	fluenzal	Pneu	monia		2275	Only recently n	otifiable.
Cerebro-Spinal						12	13	- 1
Acute Poliomy		•••	•••	•••		6	17	11
Polioencephaliti						1	Only recently n	otifiable.
Encephalitis L		ica				41	,,	,,
Malaria	•••	•••		•••		9	,,	,,
Dysentery		•••	•••	•••		15	,,	,,

The elementary school teachers reported the following cases:-

			× 000
Measles	 	 	5,030
German Measles	 	 	325
Whooping Cough	 	 	6,463
Chicken Pox	 	 	5,555
Mumps	 	 	5,014

For particulars of the visits paid to these cases see Health Visitors' Work, page 25.

ENTERIC FEVER.

20 cases of enteric fever occurred in the City during the year. Of these, 12 were due to infection by the Bacillus Typhosus, 6 by the Bacillus Paratyphosus B, while in the remaining 2 interpretation of the agglutination reaction of the blood had been rendered unreliable as the result of previous inoculation of these patients whilst in the Army. Clinically both were definitely either Typhoid or Paratyphoid Fever.

Three deaths occurred giving a case mortality of 15 per cent. 2 were typhoid cases and the other a case of paratyphoid B.

The 20 patients were distributed evenly over the City and in only three of them was it possible to discover any common source of infection. Two of these were sisters and it is probable they had been infected by their mother. It appeared that the latter was a typhoid "carrier" only becoming "infectious" at intervals, and although stool examination negatived this suggestion yet examination of her blood definitely demonstrated that she had been previously infected with the typhoid bacillus. The elder of the two sisters was admitted to hospital but died. The younger was also admitted to an Institution and unfortunately infected another child with typhoid. Both children recovered.

In 8 of the remaining cases it was ascertained that infection had probably been contracted while the patients had been away from home on business or on holiday, and that they became ill either immediately before or shortly after arrival home.

Two nurses, one at the Selly Oak Hospital and the other at the Carnegie Institute, contracted typhoid and paratyphoid B fever respectively. The source of infection was not discovered; in the case of the Carnegie Institute there had been no in-patients suffering from the disease. The nurse's home was outside the City and she had frequently visited that area. Both nurses recovered.

ENTERIC FEVER.

		Number of Cases.	Case rate per 1,000.	Number of Deaths.	Death-rate per 1,000.	Case mortality per cent.
1901-5 (Av	verage)	544	.70	91	.12	$^{-}16.7$
1906-10`	•••	242	.30	51	.06	21.1
1911-15		90	.11	22	.03	24.4
1916-20	•••	22	.02	5	.01	22.7
1921-25		30	.03	4	.00	13.3
1918		23	.03	5	.01	21.7
1919	•••	34	.04	9	.01	$\frac{26.5}{26.5}$
1920	•••	$\frac{12}{12}$.01	_		Nil
1921	•••	$\frac{12}{26}$.03	5	.01	19.2
1922	•••	11	.01	3	.00	27.3
1923		32	.03	4	.00	12.5
1924		48	.05	5	.01	10.4
1925		31	.03	4	.00	12.9
1926		52	.05	3	.00	5.8
1927	•••	40	.04	4	.00	10.0
1928	•••	20	.02	3	.00	15.0

SMALLPOX.

58 cases of smallpox were notified during the year. A revision of diagnosis was made in 4 of these, giving a net total of 54 patients. The large majority (45) were admitted direct from a Poorlaw Institution, viz.: Western Road House, where they had received the infection probably from a man entering the casual ward in an infective condition. The first case became ill early in January and the remaining 44 patients were attacked during the ensuing few weeks. Extensive vaccination of staff and inmates in this Institution was carried out. Contacts were kept under observation by the district inspectors, or, when they were leaving the City, the Medical Officer of Health of their destination was notified.

The usual difficulties of following up the vagrant class of no fixed abode were experienced. A rapid migration of these people to other localities is the invariable rule when they receive any inkling of either smallpox or vaccination. As the result of the systematic vaccination and supervision of contacts so far as was possible, and the wholehearted co-operation of the Chief Medical Officer to the Board of Guardians and his medical and lay colleagues, the outbreak was cut short within a few weeks of its inception.

Nine other cases occurred later in the year including one who was removed from a common lodging house to the Erdington House. In each case the immediate vaccination and supervision of contacts was effective in preventing the spread of infection.

One death occurred among the 54 patients.

The following table sets out the age periods and vaccinal condition of all the cases. The ages of the 9 persons said to have been re-vaccinated ranged from 51 to 81 years.

SMALLPOX, 1928.—VACCINAL STATE OF PATIENTS.

Age Group	S.	Vaccinal Condition.			
			Vaccinated in.		
Ages.	No. of Cases.	Unvaccinated.	infancy.		
Under 15	2	2	_		
15—24	1	1			
25—34	3	2	1		
35 and over	48	9	39*		
Total	54	14	40		

*Of these, 9 stated that they had been vaccinated since the primary vaccination in infancy. No further particulars could be verified; and the ages of these 9 persons ranged from 51 to 81 years.

VACCINATION.

The following are the vaccination statistics for the year ending December 31st, 1927.

Births returned		 	17,954				
Conscientious objections		 	3,353	or	18.7 p	er cent. o	of total.
Died unvaccinated		 	1,029				
Successfully vaccinated			10,987,	or	65.0	per cent.	of survivors.
Insusceptible		 	125,	or	0.7	, ,	,,
Postponed by medical cert	ificate	 	72,	or	0.4	,,	,,
Removed to other districts	s	 	657,	or	3.9	,,	,,
Lost sight of			436,	or	2.6	,,	,,
Still under notice		 • • •	1,295,	or	7.7	,,	,,

MEASLES.

There were 41 deaths recorded from this disease during 1928, giving a death-rate of .04 per 1,000. The number of cases of Measles in past years, together with the mortality rates, are set out in the following table.

		Number of Cases.	Number of Deaths.	Death-rate per 1,000.
1901-5 (Average]) ?	279	.36
1906-10	•••	?	294	.36
1911-15		4,822* (1912-1915)	419	.48
1916-20		10,773*	168	.18
1921-25		6,831*	121	.13
1919		15,158	189	.20
1920		7,144*	147	.16
1921		4,618*	153	.17
1922		4,147*	79	.09
1923		7,787*	186	.20
1924		5,969*	79	.08
1925		11,636*	109	.11
1926		6,980*	78	.08
1927		9,032*	129	.13
1928		5,030*	41	.04

^{*}Partial notification only through schools.

To a large extent the death-rate from Measles depends on the period of the year when the disease is prevalent and on the area involved. The death-rates last year in the different groups of wards were as follows:—

Central wards				 .11	
Middle ring				 .03	
Outer ring	• • •	• • •	• • •	 .01	
The ages at death are shown belo	w:				
Under 1 year				 	13 deaths.
1 and under 2 years				 	17 ,,
2 and under 3 years				 	4 ,,
3 and under 4 years				 	2,,
4 and under 5 years				 	2 ,,
All over 5 years				 	3 ,,

Every known case of Measles is visited by one of the health visitors as soon as information is received, and arrangements are made for the attendance of a district nurse in cases of serious illness and where the nursing arrangements are imperfect. In all other cases information is given as to the necessity of keeping the child in bed in a room which is well ventilated, and at the same time attending to various nursing matters.

SCARLET FEVER.

From the appended table it will be seen that the number of cases of scarlet fever (1,521) and severity of attack (death rate .01 per 1,000) remained at a low level.

		Number of Cases.	Case-rate per 1,000.	Number of Deaths.	Death-rate per 1,000.	Case mortality per cent.
1901-05	(Average)	4,038	5.21	172	.22	4.26
1906-10		3,956	4.83	116	.14	2.93
1911-15		5,456	6.29	125	.14	2.29
1916-20	•••	2,472	2.73	41	.04	1.66
1921-25	•••	2,652	2.84	32	.03	1.21
1919		2,821	3.05	45	.05	1.60
1920	•••	5,563	6.13	110	.12	1.98
1921	•••	3,320	3.62	40	.04	1.20
1922	•••	3,250	3.51	36	.04	1.11
1923		2,619	2.81	39	.04	1.49
1924	•••	2,219	2.31	23	.02	1.04
1925		1,852	1.95	22	.02	1.19
1926		1,709	1.78	8	.01	0.47
1927	•••	1,510	1.56	8	.01	0.53
1928	•••	1,521	1.56	5	.01	0.33

The incidence was as follows:-

Central Wards	 			1.14 cases per	1,000 of population.
0	 	•••		1.58 ,,	,,
Outer Ring	 • • •	•••	• • •	1.70 ,,	,,

The gross total notifications of persons suffering from scarlet fever was 1,568. Of these 990 were admitted to hospital, and 578 were treated at home. A few cases were also treated in the City Hospitals on behalf of other Sanitary Authorities.

Among the Birmingham cases, 85 which were admitted to hospital and 4 which were nursed at home proved not to be scarlet fever. Also, a revised diagnosis of scarlet fever was made in respect of 42 patients sent into hospital as diphtheria.

These revisions leave a total of 1,521 actual cases of scarlet fever, 947 of whom were treated in hospital, and 574 in their homes.

RETURN CASES.

During the year 41 Return Cases were reported following the discharge from hospital or release from home isolation of 34 infecting cases.

The details are as follows:—

	No. of infecting cases	No.	of infecting o	Total No.	
	discharged.	One Return Case	Two Return cases	Three Return cases	of Return cases.
Hospital cases.	27	22	4	1	33
Home. cases.	7	6	1	_	8

Dr. E. H. R. Harries' report on Scarlet Fever cases in the City Hospital will be found on page 85.

WHOOPING COUGH.

There were 163 deaths due to whooping cough in 1928.

The cases and deaths in previous years are shewn in the next table.

		Number of Cases.	Number of Deaths.	Death-rate per 1,000.
1901-5	(Averag	ge) ?	316	.41
1906-10	`	?	294	.36
1911-15		2,611* (1912-1915)	213	.25
1916-20		3,592*	206	.23
1921-25		4,463*	180	.19
1919		1,218*	60	.06
1920		3,782*	182	.20
1921		2,449*	93	.10
1922		7,175*	356	.38
1923		1,772*	44	.05
1924		4,783*	185	.19
1925		6,138*	222	.23
1926		4,895*	128	.13
1927		2,496*	69	.07
1928		6,463*	163	.17

^{*}Partial notification through schools.

The ages at death were as follows:—

				1924.	1925.	1926.	1927.	1928.
Under 1 year		 		 78	94	61	31	75
Between 1 and 2	years	 		 65	83	42	25	54
,, 2 ,, 3	,,	 		 23	23	9	6	17
,, 3 ,, 4		 • • •		 10	9	6	4	9
,, 4 ,, 5	,,	 		 6	9	2	1	4
Over 5 years		 	• • •	 3	4	8	2	4
				_		_	—	
	Totals	 		 185	222	128	69	163
					_	_		_

From the above it will be seen that 129 of the 163 deaths occurred among babies under two years of age.

The following death-rates indicate that, as in previous years, the cases are more fatal in the poorer areas:—

Central Wards	 	 	 .35 per	1,000
Middle Ring	 	 	 .14	, ,
Outer Ring	 	 	 .08	

Every case reported is visited with a view to supplying a district nurse at the expense of the Public Health Department, if necessary, and giving advice in regard to what is needful to prevent complications.

DIPHTHERIA.

From the subjoined table it will be seen that the incidence of diphtheria shewed very little departure from the average of the previous ten years. Both during 1927 and 1928, however, an appreciable decrease in the number of deaths from this disease is noticeable. As in previous years the prevalence was highest in the Centre of the City, becoming gradually less from the Centre outwards.

According to the Registrar General's report for 1927 the Midland County Boroughs shewed the highest case rate for diphtheria when compared with other corresponding groups of towns in the country; and although the figure for Birmingham compares favourably with that of London and certain Midland towns, yet it is a fact that the incidence in the City remains at a high level.

It is obvious from a review of the cases that bad housing conditions, overcrowding, and insanitation play a large part in the propagation of diphtheria. Where, owing to lack of accommodation, several children must sleep huddled together in a single bedroom, the risk of an infected child conveying the disease to others is considerable. It is of not infrequent occurrence to discover two or three children, and occasionally more, all suffering from diphtheria at one and the same time and occupying the same room.

The percentage of diphtheria "carriers" in Birmingham is bound to be high. These individuals, although themselves not suffering from the disease, are nevertheless harbouring the virulent germs in nose or throat: they constitute a perpetual menace to others who are susceptible.

A disturbing feature about diphtheria is the insidious nature of its onset. A feeling of weakness and lassitude is frequently the first symptom, the throat affection not causing pain or inconvenience until later. Hence, very often, a doctor is called in only after the diphtheria toxins have wrought much damage to nervous tissues, at a stage when the prospect of treatment with antitoxin has become less hopeful. Diphtheria antitoxin if given during the first day of the disease makes the prospect of complete recovery almost a certainty, but with each hour that it is withheld the danger of complications becomes increasingly imminent. Ignorance of parents concerning the early symptoms of diphtheria is largely responsible for the high mortality rate. This is the more regrettable in view of the established fact that the condition can now be relegated to that class of diseases such as smallpox which is definitely preventable.

During the year circular letters have been sent to all medical practitioners within the City drawing their attention to the particular incidence of the disease in certain areas and to the advisability of administration of antitoxin immediately even in the doubtful cases and before receiving the result of a swab.

Elsewhere (page 58) reference is made to the work on diphtheria immunisation which is being carried out in Birmingham. This preventive measure is certainly tackling the disease at the right end; and in the course of time, when the practice has become more general, it will be evident that the work will have effected a considerable saving both in life and money.

DIPHTHERIA CASES AND DEATHS.

1901-05 (Average) 991 1.28 159 .20 16.0 1906-10 1,210 1.48 149 .18 12.3 1911-15 1,125 1.30 155 .18 13.8 1916-20 1,065 1.19 143 .16 13.4 1921-25 1,651 1.76 109 .12 6.6 1919 970 1.05 126 .14 13.0 1920 1,755 1.93 201 .22 11.5 1921 1,652 1.80 120 .13 7.2 1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3 1025 1,806 2,00 05 10 5.0		Cases Notified.	Case-rate per 1,000 of Population.	Deaths.	Death-rate per 1,000.	Case Mortality per cent.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1901-05 (Ave	erage) 991	1.28	159	.20	16.0
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			1.48	149	.18	12.3
1921-25 1,651 1.76 109 .12 6.6 1919 970 1.05 126 .14 13.0 1920 1,755 1.93 201 .22 11.5 1921 1,652 1.80 120 .13 7.2 1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3	1911-15	1,125	1.30	155	.18	13.8
1919 970 1.05 126 .14 13.0 1920 1,755 1.93 201 .22 11.5 1921 1,652 1.80 120 .13 7.2 1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3	1916-20	1,065	1.19	143	.16	13.4
1920 1,755 1.93 201 .22 11.5 1921 1,652 1.80 120 .13 7.2 1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3	1921-25	1,651	1.76	109	.12	6. 6
1920 1,755 1.93 201 .22 11.5 1921 1,652 1.80 120 .13 7.2 1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3		,				
1921 1,652 1.80 120 .13 7.2 1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3	1919	970	1.05			
1922 1,285 1.39 89 .10 6.9 1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3	1920	1,755	1.93	201	.22	11.5
1923 1,537 1.65 139 .15 9.0 1924 1,887 1.97 100 .10 5.3	1921	1,652	1.80	120	.13	7.2
1924 1,887 1.97 100 .10 5.3	1922	1,285	1.39	89	.10	6.9
	1923	1,537	1.65	139	.15	9.0
1005 1006 9.00 05 10 5.0	1924	1,887	1.97	100	.10	5.3
1925 1,690 2.00 95 .10 5.0	1925	1,896	2.00	95	.10	5.0
1926 1,804 1.88 116 .12 6.4	1926	1,804	1.88	116	.12	6.4
1927 1,543 1.60 61 .06 4.0	1927	1,543	1.60	61	.06	4.0
1928 1,552 1.59 70 .07 4.5	1928	1,552	1.59	70	.07	4.5

The distribution over the City is indicated in the table below. From this it will be seen that the cases were more numerous in the central and middle ring of wards than in the outer ring.

	-	Ward.		-	htheria. es per 1,000		
		St. Paul's St. Mary's	•••		$\frac{2.43}{1.54}$		
Central Wards	∤	Duddeston and Neche	ells		0.76	}	Average 1.73
		St. Bartholomew's		•••	2.63	l	
		St. Martin's and Deri	tend	• • •	1.53		
	i	Market Hall			0.95		
	j	Ladywood	• • •	•••	2.27	J	

Middle Ring	{	Lozells Aston Washwood Saltley Small Heath					1.48 1.57 1.26 1.57 1.06	}	Average 1.48
		Sparkbrook Balsall Head Edgbaston Rotton Parl			•••		1.74 0.78 0.89 1.46		
	l	All Saints'		•••	•••	•••	2.99)	
		Soho Sandwell		• • •		•••	$\frac{1.93}{4.02}$]	
		Handsworth Perry Barr		•••	• • •	•••	1.32		
		Erdington S Erdington S		•••			$\frac{1.29}{1.30}$		
Outer Ring	{	W Y 44		•••		•••	1.49 1.88	}	Average 1.42
		Sparkhill Moseley and	•••				1.16 0.60		
		Selly Oak King's Nor		•••	•••		0.83 1.53		
		Northfield Harborne		•••			1.33 1.22		
		Whole City					1.59		

AGE INCIDENCE.

Ages.	Cases Notified.	$\begin{array}{c} \text{Deaths} \\ \text{Registered.} \end{array}$	Case Mortality per cent.
Under 1 year	 16	2	12
Between 1 and 2 years	 57	4	7
Between 2 and 3 years	 82	6	7
Between 3 and 4 years	 89	6	7
Between 4 and 5 years	 102	8	8
Between 5 and 10 years	 640	32	5
Between 10 and 15 years	 257	6	2
Between 15 and 20 years	 110	1	1
20 years and over	 199	5	3
Ť			
Total	 1,552	70	5
			-

During the year 2,122 cases were notified as suffering from Diphtheria and of these, 1,870 were removed to hospital, and 252 kept at home. Of the Birmingham cases removed to hospital, 565 were found to be not true Diphtheria, while 4 cases admitted as Scarlet Fever were revised to Diphtheria. Among those kept at home, 9 were afterwards found to be not Diphtheria.

The total number of actual cases for the year was therefore 1,552, of whom 1,309 were treated in hospital, and 243 at home.

In addition to these a small number of cases were treated in the City Hospitals on behalf of other Authorities.

Dr. Harries' report on the work of the City Hospitals will be found on page 85.

DIPIITHERIA ANTI-TOXIN.

Diphtheria anti-toxin is distributed free of charge to doctors for the treatment of Birmingham patients from the following places:—

The Bacteriological Laboratory, Lodge Road; The Public Health Department, Congreve Street; and Police Stations at Bristol Road, Northfield; High Street, Selly Oak; Pershore Road, Stirchley; High Street, King's Heath; Stratford Road, Sparkhill; Yardley Road, Acocks Green; Coventry Road, Hall Mills; Victoria Road, Stechford; Washwood Heath; Wilton Road, Erdington; Victoria Road, Aston; Thornhill Road, Handsworth; Holyhead Road, Handsworth.

IMMUNIZATION OF CHILDREN AGAINST DIPHTHERIA.

In the annual report for 1927 a report by Dr. E. H. R. Harries and Dr. D. K. Jeyes indicated the value and scope of this preventive work against Diphtheria. Immunization by toxoid anti-toxin mixture is now well past the experimental stage, it has withstood the test of time, and its efficacy as a reliable and lasting prophylactic has been repeatedly proved by experience extended over a number of years, not only in Birmingham, but throughout this and other countries.

Certain alterations in the field of activity have been made during the year. Previously the clinics were held chiefly at the Council House and at the Little Bromwich Hospital, and parents in different parts of the City were visited at their homes by infant visitors or inspectors, and invited to attend. The arrangement was successful in securing a definite foundation for the work in the City and bringing to the notice of the public that this preventive measure was available to them.

As the number of attendances increased it became obvious that many parents living away from the centre of the City were loth to bring their children to the Public Health Department on account of the time taken up and expense incurred in travelling. Where there were several children in one family, and at least three visits had to be paid, tram-fares soon reached a prohibitive amount. Also it was considered that the clinics would serve a better purpose if their work were directed more particularly to parts of the town which shewed a higher incidence of diphtheria. After consultation with the School Medical Officer (Dr. G. A. Auden) it was decided that for the convenience of the parent and child and expeditious carrying out of testing and immunization, the schools in these areas were most suited for clinic work.

The All Saints and Winson Green districts shew a high degree both in incidence and virulence of diphtheria, and accordingly the schools in this part of the town have received special attention. The sub-joined table sets out details of testing and immunization performed at the schools by Dr. Jeyes during the year.

Not the least difficult part of this work consists in the persuasion of parents of the necessity for them to have their children protected. The majority of fathers and mothers are obsessed with the idea that this trifling operation is analogous to vaccination, and subject therefore to a similar degree of inconvenience. The sympathy and help of school masters and school mistresses have been invaluable in surmounting parental objections.

As in previous years only children over 10 years of age have been given the Schick test before inoculation. It is known that the large majority of children under 10 years are susceptible to diphtheria, and hence the test is of little importance among this group when dealing with a large number of children in a limited period of time.

From statistical evidence it appears in Birmingham that the age period at which the greatest incidence and heaviest mortality from diphtheria occurs is that between 6 and 8 years. Obviously, therefore, the most satisfactory results from immunization will be obtained from children immunized before age six. With this object in view, sessions for pre-school children have been established at a number of the Maternity and Child Welfare Centres. These sessions are in addition to clinics already provided at the Public Health Department, the Council House. It is hoped that from these foci at Child Welfare Centres and schools the spread of knowledge on diphtheria immunization will take place, and protection accordingly be obtained.

Immunization (Diphtheria) in Schools, 1928.

Date.	School.	Children on Register.	Immune. (Sch. Test Neg).	Immunized (T. A. T. given).	Percentage of School treated.
Sept. 1928	All Saints' Senior	. 269	43	73	43
Sept. 1928	All Saints' Infants	. 150		50	33
Feb. and					
Sept. 1928	Benson Road Senior	. 521	132*	146	53
May 1928	Benson Road Infants	305	4	124	42
June 1928	Camden Street Senior	510	168	91	50
May 1928	Foundry Road Senior	511	82	149	45
June 1928	Foundry Road Infants	296	6	93	33
Oct. 1928	Handsworth New Rd. Infants	196	3	115	60
Nov. 1928	Icknield Street Senior	. 530	103	118	41
Nov. 1928	Icknield Street Infants	194	1	77	40
May 1928	Norton Street Girls	223	57	61	52
May 1928	Norton Street Boys	245	65	106	69
June 1928	Norton Street Infants	252		142	56
Dec. 1928	Nursery School, Summer Lane	93		42	45
	, , , , , , , , , , , , , , , , , , ,				
		4295	664	1387	48

^{*}In a further group of 42 children Schick-tested, the result was positive but parents refused treatment.

172 confirmatory Schick-tests were performed six months after immunisation upon children at St. Patrick's School. Of these, 161 were Schick-negative, and 11 were Schick-positive.

RETURN OF NUMBER OF SCHICK TESTS AND IMMUNIZATIONS AGAINST DIPHTHERIA, UP TO THE END OF 1928, FROM COMMENCEMENT OF WORK.

Infant Welfare Centre	•••	 •••	Schick tested.	Schick postive.	Immunised (Full course) 2119
Day Schools		 	1310	640	1678
		(O	ver 10 or	nly).	2010
Residential Institutions Residential Schools	•••	 	3139	1213	1213
Hospitals (1) Staff		 	764	221	216
(2) Patients	• • •	 Appro	x. 5050	Approx. 2150	Approx. 400
			10263	4224	5626

INFLUENZA.

The position of this disease as compared with former years is shown in the tables following:

				Deaths.	Rate per 1,000.
1901-05	(Average)	•••	102	.13
1906-10	,,,	<i>'</i>		150	.18
1911-15	,,			115	.13
1916-20	,,			780	.88
1921-25	,,			317	.34
1919				1062	1.15
1920	•••			421	.46
1921	• • •			134	.15
1922				442	.48
1923				264	.28
1924				375	.39
1925				370	.39
1926				260	.27
1927			•••	399	.41
1928				130	.13

In the next table the ages at death are set out for 1928 and the four preceding years.

The ages at death were as follows:-

Ages.		1924	1925.	1926.	1927.	1928.	Total.
0-5		22	19	13	26	11	91
5—1 0		4	5	0	4	2	15
10-15		4	5	2	5	2	18
15-20		9	8	1	10	4	32
20-25		5	11	8	10	3	37
25-35		30	18	26	29	10	113
35 - 15		47	41	40	55	21	204
45 - 55		64	60	40	47	21	232
5565		64	79	50	71	25	289
6575		70	78	46	83	17	294
75 - 85		44	38	25	50	12	169
85 upwa	ırds	12	8	9	9	2	40
	Totals	375	370	260	399	130	1534

The severe epidemic of Influenza sweeping through the whole country and in which Birmingham, with all other large centres of population, suffered severely in the Spring of 1929, will be dealt with in the next Annual Report.

DYSENTERY.

Sporadic outbreaks of bacillary dysentery have occurred in the City during the year, giving a total number of 34 persons affected. In 15 cases an official notification was received. This increase has coincided with a similar rise in the number of notifications which has taken place in various parts of the country at about the same time.

The severity of attack and hence the fatality-rate has been distinctly mild in Birmingham. In this respect we can count ourselves more fortunate than other areas where a more virulent type of infection has been prevalent. In a number of cases reported from these districts it is evident that the dysentery bacillus has acquired certain highly toxic and fatal properties which are more usually associated with the food poisoning group of bacteria.

The original source of infection of these cases is usually a healthy carrier of the disease. Such people may present no symptoms and so arouse no suspicion; they may continue as carriers continuously or intermittently for a considerable number of years. Should they be careless in their habits, or engaged in the handling of food, the risk of infection being conveyed to others is very great.

There can be little doubt that the number of dysentery carriers in this country has been considerably increased as the result of the war when large numbers of troops became infected through the medium of contaminated water in Mesopotamia and other places where the disease was endemic.

Bacteriological reports on blood and stools shewed that some strain of the Flexner group of Dysentery Bacilli was the organism responsible for the majority of infections. Diagnosis in other cases was made upon the clinical evidence and knowledge of the patient having been in contact with a known case.

The following table sets out a series of cases which occurred at one of the institutions in the City. The initial patient was considered to be "A.M.," and the remaining cases re-infections from him. "A.M." became ill five or six days before admission to hospital. He was then suffering from diarrhea with mucus and blood in the stools and feverishness. On examination at the hospital it was found that he had developed nephritis with extensive ædema of the lower limbs.

The other 9 children who were in-patients of the same ward became infected in the course of a few days. The symptomotology was similar in all the cases, namely diarrhœa, a jelly-like mucoid stool, melæna, and moderate pyrexia. Recovery took place in every patient in from 10—14 days after the onset.

Name.	Age.	Date of onset.	Blood Agglutination.	,	Stools. Organism found.
A. M.	10	7.4.28	Flex. Y. ++ Flex. V. +	+ + +	Not examined.
K. W. P. T.	5 6	14.4.28 17.4.28	Flex. Y. + + + +	++	Not examined. Flex V.
I. S.	11	17.4.28	Flex. V. + Flex. Y. + Flex. Z. +	++++	No non-lactose- fermenters found.
W. S.	9	17.4.28	Flex. Y. +		B. Flex. (type?).
D. B.		19.4.28	Flex. V. + Flex. Y. +	+ +	Not examined.
К. Т.	6	22.4.28	Flex. V. + Flex. Y. ++	+	B. Flex. (type?).
F. M.		22.4.28	Flex. Y. +	+	Not examined.
Р. Р.	2	?	Flex. V. ++	+ +	Not examined.
Ј. В.	8	22.4.28	Flex. X. ++ Flex. Y. ++ Flex. Z. +	++	Not examined.

In November another small outbreak of dysentery occurred in Guildford Street, Lozells. Three houses in close proximity to each other were implicated; two of these were "through" houses let in lodgings and had a common yard, the other was occupied by only one family. Five families were infected involving 16 persons.

The infecting organism was the bacillus dysentery Flexner Y. The origin of the infection was considered to be an ex-soldier living in one of the houses let in lodgings who stated that he had suffered from dysentery while in France during the war. His four young children were the first to become ill, although he himself and his wife presented no symptoms. During the ensuing few days the condition was spread to other members of the houses let in lodgings and to the family in the private house. Owing to the mild ambulatory type of the disease a medical man was not called in until several persons had been affected. One death occurred in a child of two years. She was one of the family of eight living in the private house and had been in a debilitated condition previous to infection. Six other members of this family were also infected but in each the disease pursued a mild course.

In view of the serious overcrowding of these houses let in lodgings, the absence of separate approaches for different families, the lack of light, ventilation, and the inaccessibility of water supply it is not surprising that an intestinal infection such as dysentery can spread with such alarming rapidity. The new bye laws as to houses let in lodgings should do much to improve the unsatisfactory conditions of these premises, and risk of spread of disease will be correspondingly less.

Eight other sporadic cases were notified from various parts of the City. Three of these were ex-soldiers; they were suffering from recrudescences of the disease having contracted the infection originally in India, Mesopotamia and Italy respectively. They were not confirmed bacteriologically. All the eight cases were definitely mild in type.

As already indicated, the Flexner group of Dysentery Bacilli appears to vary considerably in virulence. Observation of bacteriological reports upon stools from patients who present no symptoms nor signs of the disease shew that an appreciable number of people of all ages are unwittingly harbouring this class of bacteria. Certain types of the bacillus are unquestionably harmless but at the other extreme the virulent toxic type is in evidence. It is probable that a mutation in type takes place between these two extremes, that the non-pathogenic acquires pathogenic properties, and vice-versa, and that intermediate degrees of pathogenicity occur. In this way can be explained the variation in severity of attack from the "carrier" only—frequently an ill-nourished child—to the fulminating and fatal type of the disease.

FOOD POISONING.

In September five cases of food poisoning, three of which proved fatal, took place in the centre of the City (St. Mary's and Ladywood Wards). Bacteriological examination showed that infection in one family was due to Bacillus Aertrycke and that the vehicle of infection was "a-la-mode" beef. In the other no definite organism was isolated but it was considered that either "pig scratchings" or "black pudding" were probably the media of infection.

The B. Aertrycke cases occurred in a family of five persons. The father and son consumed at lunch portions of "a-la-mode" beef which had been purchased the day previously at a shop near their home. They were the only members of the family to partake of the beef. The father worked until eight o'clock that evening after which he returned home complaining of abdominal pain. He was unable to resume work the following day owing to continuance of the pain, vomiting and diarrhæa. Finally, as the condition became so grave he was removed to Dudley Road Hospital, where he died after two days (five days after onset). The son's attack was much less acute, he did not become ill until 24 hours after eating the beef and his symptoms were only those of headachelassitude and giddiness. Subsequent weakness kept him away from work for several days.

Bacteriological cultures taken at the post-mortem examination on the father revealed the presence in intestines, spleen, liver and gall bladder of the Bacillus Aertrycke.

The second outbreak of food poisoning affected three poorly-nourished young children in a family of eight persons. Information as to possible infection did not reach the Health Department until two deaths had occurred. This was not surprising in view of the continued illnesses and hospital history of the children. The youngest child of the family, five months old, had been admitted to Dudley Road Hospital five weeks prior to the outbreak. This baby died as the result of marasmus seven days after the death (from food poisoning) of two other children in the same house.

The first food poisoning case, R. D., age 2 years, had been an in-patient at Dudley Road Hospital three times during 1928. On the 6th September, when at home, he became suddenly ill with vomiting and duarrhoea. On the 9th September the condition was much worse and he had become unconscious. He was removed to the Queen's Hospital where death took place on the 20th September.

The second case, V. D., aged 3 years, became suddenly ill on the 16th September. The symptoms were vomiting, diarrhea and rapid loss of consciousness. She was admitted to the Children's Hospital two days later and died there on the 21st September.

The third case, L. D., aged 4 years, fell a victim to the condition on the 29th September. The symptomatology was the same as that of his brother and sister. In view of previous fatalities the child was taken immediately to the Queen's Hospital where he was seriously ill for several days but finally recovered.

Bacteriological examinations were made at the Hospitals on the stools of one of the children who died and of the survivor but no organism of the food poisoning group was identified.

An exhaustive enquiry was made into articles of food which had been eaten by the affected children prior to becoming ill. It was ascertained that all the victims were in the habit of obtaining pennies from their father wherewith to purchase at a shop nearby "pigs-pudding" and "scratchings." The latter consist of the "leaves" or remaining tissues from the pig's omentum after extraction of the lard. The "leaves" are pressed and the resulting product is a chewing-gum-like mass which is eaten without further cooking. Apart from the doubt as to the nutritive value of these so-called foods they unquestionably form an excellent medium for growth of bacteria; and lack of cleanliness such as is so frequently witnessed in the average huckster's shop can render these articles highly dangerous for human consumption. Samples of "pigs-pudding" and "scratchings" obtained from the shop patronised by these patients were submitted for bacteriological examination. While no conclusive evidence was obtained indicating that these commodities were responsible for conveying the infection to the children affected yet it is noteworthy that from two samples of scratchings non-lactose-fermenting bacteria were isolated.

At the houses of both cases of food poisoning, thorough disinfection of bed-clothing and premises was carried out, and the shops which had supplied articles of food to the respective families were inspected by members of the staff of the Veterinary Department.

A dangerous feature associated with food contaminated by the food poisoning bacteria is the fact that the article frequently appears quite wholesome and in no way gives rise to suspicion. Thus, in the case of the infected "a-la-mode" beef, the son who recovered, and his mother, were both emphatic that the beef looked fresh, had no objectionable odour nor unpleasant taste.

ACUTE ANTERIOR POLIOMYELITIS.

There were 8 cases notified as anterior poliomyelitis; revision of diagnosis was made in 2 of these giving a net number of 6 cases. One of the latter referred to a man of 33 years of age who had suffered from anterior poliomyelitis in infancy. A paralysis producing kyphosis had developed and this in turn led to chronic bronchitis. Information as to his death was received from the Registrar's returns and consequently he is numbered among the cases for this year; his was the only death that occurred.

Of the remaining 5 patients, only one, aged 2 years, made a complete recovery. Some form of paralysis developed in each of the others. These four complicated cases were visited at periods ranging from 6 to 12 months after the onset and their condition was found to be as follows:—

- P. T., aged 6 years. Still has partial paralysis of muscles of left arm and leg. He is receiving massage and breathing exercises daily at the Children's Hospital.
- H. N., aged 2 years. Had partial paralysis of muscles of both legs and right arm. He is wearing irons on both legs and is attending the Orthopædic Hospital three times per week.
- A. B., aged 2 years. Has partial paralysis of muscles of right arm. The condition is improving, but she is still attending as an out-patient at the Children's Hospital.
- J. C., aged 3 years. Has partial paralysis of muscles of both lower limbs. She is improving but is compelled to wear irons and is attending the Children's Hospital three times per week.

	Poliomyelitis.											
Year.		$\begin{array}{c} \textbf{Cases} \\ \textbf{notified} \end{array}$	Died	Complete recovery.	Some Paralysis.							
1917	•••	11	2	6	3							
1918	•••	4		2	2							
1919		14	1	6	7							
1920	•••	1	_	_	_							
1921	•••	11	4	1	6							
1922	•••	6	_	1	5							
1923	***	33	3	1	29							
1924	•••	39	5	5	29							
1925	•••	11	3	5	3							
1926		38	3	3	3 2							
1927		15	1	6	8*							
1928		6	1	1	4							
	*One died late	er of intercurre	nt disease.									

POLIO-ENCEPHALITIS.

One case of polio-encephalitis was notified during the year. The case was a boy aged two years. No paralysis occurred and complete recovery took place.

ENCEPHALITIS LETHARGICA.

A gradual reduction in the notifications of encephalitis lethargica has taken place since 1924, the peak year, when 282 cases were notified. While, however, the incidence is decreasing (41 cases during 1928) it will be seen that the fatality rate for 1928 was more than three times as high as the figure for 1924. The cases were scattered widely over the town, no particular district being specially affected.

ENCEPHALITIS LETHARGICA.

				Fatality
Year.		Cases.	Deaths.	per cent.
1919	 	11	5	45.5
1920	 	18	7	38.9
1921	 	25	8	32.0
1922	 	12	4	33.3
1923	 	29	12	41.4
1924	 	282	44	15.6
1925	 	92	32	34.8
1926	 	89	36	40.4
1927	 	53	32	60.4
1928	 	41	22	53.7

The following table shows the sex, age groups and number of deaths of the 41 cases in which the diagnosis of encephalitis lethargica has been confirmed.

			No. o	f Cases.	No. of	Deaths.	Case mortality.
Age group.			Male.	Female.	Male.	Female.	per cent.
1—5 years	 	 	3	1	2	1	75
5—15 years	 	 	2	1	2	1	100
15—25 years	 	 	6	$\overline{2}$	1	2	33
25—45 years	 	 	2	8	2	2	36
45 and over	 	 • • •	10	6	6	3	64
			_	_	_	_	
			23	18	13	9	54%
			_		_		

As in previous years the sexes appear to be equally susceptible to the disease, and the death-rate is highest at the extremes of life. 16 of the 19 survivors were visited at periods ranging from 6—9 months after the original attack. The subjoined classification shows the degree of recovery at the time of visit.

Complete recovery	 4
At work (or school) but still showing occasional nervous after-effects	 6
Complete incapacity and having definite mental impairment	 6
Removed from City (no trace of whereabouts)	 3

It will be seen that more than half of the patients attacked by this terrible malady succumbed, and that of the 19 survivors at least 6 have been left with a permanent legacy of mental and physical incapacity. It is a moot point which of these two groups constitutes the greater tragedy; certain it is that if the case mortality had been less than it actually was the ranks of mental defectives, relics of the ravages of recent years, would have become even more swollen.

The problem of dealing with post-encephalitis cases still remains one of urgency; these unfortunate people are an anxiety both to themselves and to those on whom they become dependent. When able to do so they drift as in-patients or out-patients from one hospital to another leading a life of continual misery.

CEREBRO-SPINAL FEVER.

Sixteen notifications of cases of cerebro-spinal fever were received. Revision of diagnosis was made in respect of 4 of this number. Of the remaining 12 "true" cases, 9 died, giving a casemortality of 75%.

CEREBRO SPINAL FEVER.

Year.					Cases notified.	Deaths.	Fatality per cent.
1919	•••	•••			14	9	64
1920		• • •		• • •	25	18	72
1921	•••			•••	9	7	78
1922	•••			•••	18	16	89
1923^{-}	•••	•••	•••	•••	4	2	50
1924	•••	•••	•••	• • •	11	8	73
1925	•••	•••		• • •	7	6	86
1926	•••	• • •	•••	•••	10	9	90
1927	• • •	• • •			12	1 0	83
1928				•••	12	9	75

Four cases occurred among infants under one year of age, and all these infants died. The age groups of the 8 remaining patients shewed 3 under 5 years of age of whom 1 died, 3 between 5 and 15 years all of whom died, and 2 in the thirty-five to forty-five period of whom 1 died.

With the exception of one case in Handsworth all the patients were living in poorer class property situated in the central and middle ring of wards, and all except 2 received hospital treatment. The three survivors when visited four months after the onset of the condition had completely recovered.

TUBERCULOSIS SCHEME ADMINISTRATION.

(Dr. Matthew Burn, Assistant Medical Officer of Health).

The Council have a Tuberculosis Dispensary at No. 44a, Broad Street, near the centre of the City, and serving the whole City. By reason of necessary extension of the premises of the Water Department, to whom the dispensary building belongs, it has become imperative to seek alternative accommodation; and this is at present under consideration.

The Residential Institutions, wholly maintained by the City Council, are four in number, namely:—

- (1) The Yardley Road Sanatorium; for observation, early and advanced cases, provides 325 beds.
- (2) The West Heath Sanatorium; where advanced cases are treated, provides 116 beds.
- (3) The Salterley Grange Sanatorium, near Cheltenham; where early cases are treated, provides 68 beds.
- (4) The Romsley Hill Sanatorium, Halesowen; where all stages of diseases are admitted, provides 120 beds, of which \$8 are reserved for Birmingham patients.

In addition there is the Woodlands and Forelands (Cripples' Union) at which individual patients are maintained by the City Council, utilising on an average some 100 beds for cases of surgical tuberculosis.

In the working of the tuberculosis scheme active co-operation takes place with the various hospitals in the City and the medical profession, and especially the insurance practitioners. The arrangements for securing co-operation have worked well. Satisfactory arrangements have been made to co-ordinate the work of the tuberculosis scheme with that of the school medical service and all cases coming under the notice of their service suspected of suffering from tuberculosis are referred to the Tuberculosis Dispensary.

Similar arrangements also exist for securing co-operation between the Maternity and Child Welfare Scheme and the Tuberculosis Scheme.

Total number of cases on Tuberculosis Register at Dec. 31st, 1928	 	10,049
No. of patients transferred from other areas during 1928	 •••	27
No of patients transferred to other areas	 	85

TUBERCULOSIS (ALL FORMS).

The number of deaths from all forms of tuberculosis in 1928 was 965, giving a mortality rate of 0.99 per 1,000.

RECORD OF DEATHS IN PREVIOUS YEARS.

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Deaths	 1,385	1,188	1,001	1,035	1,049	1,006	1,055	1,083	1,024	1,017	965

MORTALITY RATE PER 1,000 IN PREVIOUS YEARS.

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Birmingham	1.60	1.28	1.10	1.13	1.13	1.08	1.10	1.14	1.06	1.05	0.99
England and Wales	1.67	1.28	1.13	1.13	1.12	1.06	1.06	1.04	0.96	0.97	_

Average Mortality Rate per 1,000 from Tuberculosis in Birmingham for Periods of 5 Years from 1901.

Periods.	1901–5	1906-10	1911–5	1916–20	1921–5	1026	1927	1928
Average mortality rate per 1,000	1.78	1.51	1.51	1.40	1.12	1.06	1.05	0.99

New Cases and Mortality During 1928.

		N	New Cases			Deaths.			
	Pulme	onary.	Non-pul	monary.	Pulm	onary.	Non-pulmonary.		
Age periods.	М.	F.	M.	F.	М.	F.	М.	F.	
Under 1 year 1— 4 years 5— 9 , 10—14 ,, 15—19 ,, 20—24 ,, 25—34 ,, 35—44 ,, 45—54 ,, 65 and over	2 9 28 20 57 97 144 145 172 68 19	9 39 35 73 92 151 104 61 27 9	5. 28 43 12 15 11 9 4 2 4	5 23 22 12 16 11 9 6 5 2	4 4 3 4 21 45 85 127 135 63 19	1 3 42 49 91 65 47 22 7	8 18 9 3 5 8 7 4 7 3 2	6 9 8 2 4 6 3 3 6 4	
TOTALS	761	600	134	111	510	330	74	51	

Of the deaths occurring from all forms of tuberculosis in 1928, 142 or 15 per cent. were not notified before death; about one-third of the latter were notified after death.

In each case a letter was sent to the doctor responsible or other enquiry was made into the circumstances of non-notification. In no case was it necessary to take legal action regarding neglect or refusal to notify.

Notifications received after death—pulmonary cases 21, and other forms 26. These are included in the figures given below, which show the notifications received during the year and also the number of deaths of persons for whom no notification was received prior to death.

		New Cases	Not notified
		notified in 1928.	before death.
Pulmonary Tuberculosis	•••	1,361	62
Tubercular Meningitis		33	41
Tubercle of the Abdomen		44	10
Tubercle of the Spinal Column		32	1
Tubercle of the Joints	•••	32	
Disseminated Tuberculosis		15	20
Tubercle of the Glands and other	forms	89	8
			
		1,606	142

As regards the distribution of tuberculosis, we find that the average case-rate per 1,000 in 1928 was :—

		Pulmonary.	Non-Pulmonary.	Total.
Central Wards	 	 2.07	.33	2.40
Middle Ring	 	 1.27	.22	1.49
Outer Ring	 	 0.98	.19	1.17

Thus both in tuberculosis of the lungs and in tuberculosis of other parts of the body, the incidence of infection is heaviest in the crowded central wards of the City.

(a) PULMONARY TUBERCULOSIS.

Deaths in 1928		 	 840
Mortality rate per 1,0	00	 	 0.86

RECORD OF PREVIOUS YEARS.

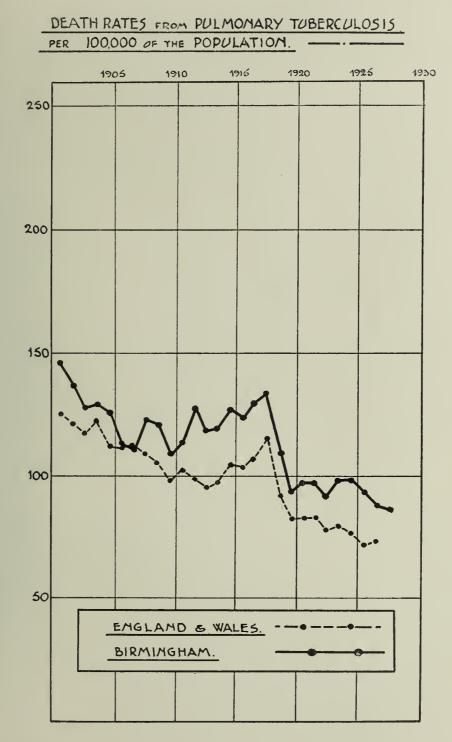
		1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Deaths	•••	1,171	1,019	843	890	899	860	934	930	905	857	840

MORTALITY RATE PER 1,000 IN PREVIOUS YEARS.

		1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Birmingham	•••	1.35	1.10	.93	.97	.97	.92	.97	.98	.94	.89	.86
England and Wales	•••	1.30	1.00	.87	.88	.89	.84	.84	.83	.77	.79	_

It will be noted that the mortality from Pulmonary Tuberculosis was lower in 1928 than in any previous year.

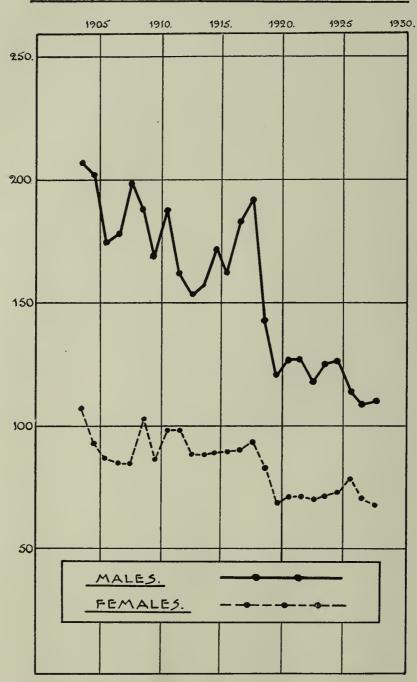
The diagram below illustrates the great decrease which has taken place in the mortality from Pulmonary Tuberculosis, both in Birmingham and in the country as a whole.



Considering the deaths in relation to sex the death-rate from pulmonary tuberculosis was in 1928 among males 1.10 per 1,000, and among females 0.64 per 1,000.

The diagram below shows the male and female mortality during the past 28 years. It will be noted that the mortality among males has fallen more rapidly than that among females and that the difference between them is now considerably smaller than it was 20 years ago.

DEATH RATES FROM PULMONARY TUBERCULOSIS
PER 100,000 OF THE POPULATION ACCORDING TO SEX.



(b) Other Forms of Tuberculosis.

Deaths in 1928		 	 -125
Mortality rate per	1,000	 	 0.13

RECORD OF PREVIOUS YEARS.

		1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Deaths	•••	214	169	158	145	150	146	121	153	119	160	125

MORTALITY RATE PER 1,000 IN PREVIOUS YEARS.

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Birmingham	.25	.18	.17	.16	.16	.16	.13	.16	.12	.17	.13
England and Wales	.37	.29	.26	.24	.23	.23	.22	.21	.19	.18	

Work of Tuberculosis Visitors.

The Tuberculosis Visitors, 11 in number, continue their invaluable work of visiting discharged, contact, or suspect cases at varying intervals of weeks or months as necessity demands, of advising them as to the hygienic and dietetic measures to be adopted, and of assisting them in procuring extra nourishment, bed and bedding, etc. All cases which are considered suitable for aid are referred to the Chief Tuberculosis Officer.

Work done:--

New cases received						1,826	
Primary visits paid	• • •					1,800	
Re-visits paid						20,406	
Special re-visits						9,618	
Unsuccessful calls	• • •	• • •				2,504	
			Total	Calls	 -	34,328	
Patients provided with sh					 		30
Patients granted extra no	urishn	nent			 		103
Fresh beds sent out on hi					 		64
Total beds now out on hi	re or l	oan			 		-504
Housing nuisances report	ed to !	Sanita	ry Insp	ectors	 		403

59 per cent. of the new cases were sharing a bed.

17 per cent. of the new cases were sharing a bedroom.

Public Health (Prevention of Tuberculosis) Regulations, 1925. No case arose during the year for action under these Regulations.

Public Health Act, 1925. Section 62.

No formal action was found to be necessary under this Section during the year.

Admissions to Sanatoria or Hospitals.

The patients admitted to the City Sanatoria during the year were as follows:-

BIRMINGHAM PATIENTS TREATED AT CITY SANATORIA.

		Yardley Road.	Salterley Grange.	Hill.	West Heath.	Total.
In constantium of hastinging of a		309	59	88	89	545
In sanatorium at beginning of y	ear	 909	99			0
Admitted during year		 894	198	282	341	1715
Discharged		 749	203	279	218	1449
Died		 158	4	14	117	293
	• • • • • • • • • • • • • • • • • • • •	 	50	77	95	518
Remaining at end of year		 296	50	1.1	99	910

In addition to the above, 39 cases were admitted to the Royal Cripples' Hospital, 5 to the General and Jaffray Hospitals, 10 to the Queen's Hospital, 26 to the Children's Hospital, and 10 to the Moseley Hall Convalescent Home. In these cases a grant towards the maintenance of the patient is made by the Public Health Committee.

THE ANTI-TUBERCULOSIS CENTRE.

(Report by Dr. G. B. DIXON, Chief Tuberculosis Officer).

The Anti-Tuberculosis Centre, centrally situated in the City is open daily for five days during the week, and on Saturdays for half the day. Six sessions weekly are reserved for patients attending for treatment, supervision, and observation. Thirty-nine sessions, and occasionally more, are set apart weekly for consultations and examinations; in addition, many consultations and examinations are undertaken at the homes of patients by members of the medical staff.

Admissions to the City Sanatoria are decided upon only after examination at the Centre, or at the patient's home, and the sanatorium to which a person is sent depends entirely upon the condition of the patient's disease, etc.

On returning from Sanatoria, patients are re-examined at the Centre and many old patients who have discontinued treatment for various purposes are re-examined from time to time.

The Anti-Tuberculosis Scheme provides 36 beds for the purpose of observation, and these are situated at Yardley Road Sanatorium. Ten are reserved for boys; ten for adult males; eight for adult females; and eight for female children. Their utilization allows us to make a correct diagnosis in many instances in which it would be impossible without the facilities which they offer.

The Scheme is also fortunate in having a large number of beds set apart for the care and treatment of the "hospital" type of case. Advanced male cases are admitted to Yardley Road Sanatorium and advanced female cases to the West Heath Sanatorium. Beds for the treatment of advanced types of tuberculosis are essential upon humanitarian grounds, and in addition, are a prophylactic asset in association with the Public Health work of the city; from this point of view it is advisable that as large a percentage as possible of the deaths annually occurring in the City from pulmonary tuberculosis, should take place in the pavilions provided for patients with advanced disease, as the risk of infection from this type of patient is usually greater during the last six months of life.

ATTENDANCES AND EXAMINATIONS.

During the year 1928, the total number of attendances made by patients for diagnosis, consultation, observation, advice and treatment was 28,885, the total number of attendances for supervision, observation, advice and treatment was 14,090, the number of examinations made was 9,830 and in addition, there were 4,965 X-ray examinations. As compared with the previous year there was a decrease in the number of attendances for supervision, observation and treatment, and a slight decrease in the number of examinations.

Attendances for supervision, observation, treat	ment		 	14,090
			 	9,830
Attendances for X-ray examination	• • • •	• • •	 • • •	4,965
				28,885
				20,000

During the year 1928, 1,361 new cases of pulmonary tubercle were notified to the Medical Officer of Health, and of this number 1,000 or 73.47 per cent. were examined at the Centre. There were 245 cases of non-pulmonary tuberculosis notified during the year, and 50 or 20.4 per cent. were examined at the Centre.

TREATMENT RECOMMENDED.

7,019 old and new patients were examined at the Centre during the year. The following table shows the number of newly notified and suspect cases of all varieties of tuberculosis, and the number of patients coming up for re-examination. It also shows the numbers recommended for the different forms of treatment. 930 patients were examined at their own homes.

		aminations.		aminations.
	Newly notified.	Suspects or Contacts.	Old Cases.	Suspects or Contacts.
Sanatorium Treatment	 569	257	530	19
Dispensary Treatment	 9	15	84	1
Dispensary for supervision	 73	180	913	118
Out-patient Light Treatment	 6	3	9	
Domiciliary Treatment	 96	37	1156	110
Home Treatment for other than P.T	 —		22	2
Hospital Treatment for other than P.T.	 —	1	1	2
Leaving City	 	2	17	3
No Treatment required	 297	1660	490	337
	1,050	2,155	3,222	592

CLASSIFICATION OF PATIENTS ACCORDING TO GROUP OF DISEASES.

The following tables show the classification of the patients examined according to Group of disease; adults and children are shown separately.

ADULTS.

						First Ex	aminations.	Re-ex	aminations.
						Newly notified.	Suspects or Contacts.	Old Cases.	Suspects or Contacts.
Group 1.						63	46	608	5
Group II.						311	112	1426	4
Group III.						245	87	531	
Group IV.						29	14	84	_
No definite si	gns of	active	tubercu	ılosis	•••	258	976	25	380
						906	1235	2674	389

CHILDREN.

					First Ex	aminations.	Re-examinations.		
					Newly	Suspects or	Old	Suspects or	
-					notified.	Contacts.	Cases.	Contacts.	
Group I.					 7	29	204	3	
Group II.					 10	12	145	4	
Group III.					 7	4	36	3	
Group IV.					 21	16	97		
No definite	signs of a	ective t	ubercu	losis	 99	859	66	193	
					144	920	548	203	

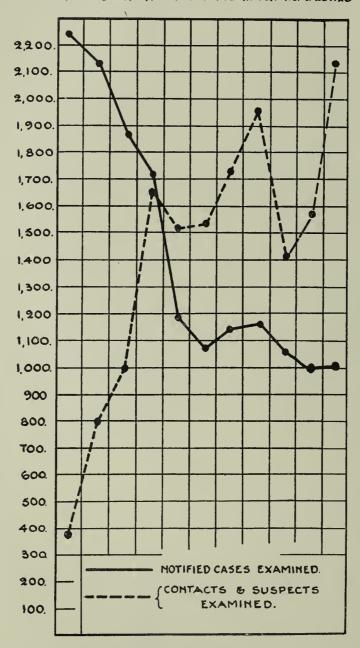
In certain instances patients included in the various Groups are suffering from other forms of tuberculosis in addition to pulmonary, but for convenience are classified as pulmonary cases, when this type of the disease is present in association with other forms.

" Contacts " and Notified Cases.

During the past few years there has been a marked reduction in the number of persons notified as suffering from pulmonary tubercle, and as this number diminishes, it is possible to examine a larger number of "Contacts" and "Suspects." In the following diagram, the figures for notified cases, contacts, and suspects are compared, and the number of the latter examined during 1928 shows a marked increase.

PULMONARY TUBERCULOSIS.

1917. 1918. 1919. 1921. 1922. 1923. 1924. 1925. 1926. 1927 1928



The following table shows the working capacity of the newly notified cases when they were examined for the first time. It is interesting to note that among adults 27.59 per cent. were sent to us whilst their working capacity was still unimpaired, and 30.13 per cent. came to us when totally incapacitated. In the case of the children, this point is more emphasised; 70.83 per cent. had an unimpaired working capacity and 6.94 per cent. were totally incapacitated, the working capacity indicated here being ability or otherwise to attend school regularly.

		Newly noting Adults.	fied patients. Children.	Contacts a Adults.	nd Suspects. Children.
Unimpaired working capacity		$\dots 250$	102	813	858
Impaired working capacity		383	32	348	55
	• • •	273	10	74	7
		906	144	1,235	920

FAMILY HISTORY.

A survey of the family and social history of 4,908 patients who were examined during the year shows that there was no history of existing tuberculosis or knowledge of relatives dying of, or suffering from, tuberculosis in connection with 2,665 or 54.29 per cent. In 2,243 or 45.7 per cent., there was a history of some near relative or intimate friend either being affected with tuberculosis, or having succumbed to it. In 507 instances or 10.33 per cent., the relative affected was the father, and in 215 or 4.38 per cent., the relative affected was the mother, and in 456 or 9.29 per cent. a brother or sister was affected. In 706 instances two or more relatives were known to have suffered from tuberculosis.

DENTAL TREATMENT.

The services of a part-time dental surgeon are utilised at the Centre for the necessary treatment of our patients. The treatment is conservative in type, and consists mainly of extractions, fillings and scalings. There is no fund to assist in the provision of artificial dentures. Those patients who wish to provide their own can do so under conditions advantageous to themselves by arrangement with the dentist. The condition of the teeth and gums of most of our patients is carefully noted, and in the table below is briefly summarised the dental condition of patients seen during the year so far as dental caries, masticatory power, and the state of the gums was concerned. The dental surgeon informs me that there were 550 extractions, 7 fillings, and 47 scalings, and dentures were supplied in 35 instances.

CONDITION OF TEETH AND GUMS.

Nun	ber of T	Ceeth with	
		chambers.	
		More than	4
1 267	•) 726	1/10	

Mast	icatory power	
in Mola	rs and Bicusp:	ids.
Six or more.	Less than 6.	None.
2,951	1.115	576

State	of Gums.	
Healthy.	Gingivitis.	Pyorrhœa
2,910	1,052	471

SPUTUM RESULTS.

A very large number of sputum examinations are undertaken during the year on behalf of persons who are referred to us for an opinion. If the first examination gives a negative result, subsequent and repeated specimens are examined by the concentrated method of Ellerman and Erlandsen. It is useless to attach importance to one or two sputum examinations for tubercle bacilli when the result is negative, and unless at least five or six specimens have been examined a negative result should not be given too much importance.

Amongst the new adult patients examined at the Centre during the year, there were 550 or 60.7 per cent. who presented tubercle bacilli in their sputum, and amongst the total number of children examined primarily during the year, 5 or 3.47 per cent. presented a sputum containing tubercle bacilli.

The difficulty of obtaining sputum from children, even when it exists, is recognised, and to compensate for this, when in the Sanatoria, all children whether admitted for observation or treatment, have the fæces examined for tubercle bacilli, and are submitted to a Von Pirquet test. All adult patients who enter observation pavilions have a blood sedimentation test undertaken.

Acid-fast bacilli in the fæces of children, are only discovered amongst our patients in a small percentage of the specimens examined, but when present, a large percentage are proved to be tubercle bacilli after animal inoculation.

ADULTS.

		Newl	y notified pati	Contacts and Suspects.		
Tubercle Bacilli prese	ent	 	440		110	
Tubercle Baccilli abso	ent	 	293)	258	728)	976
No sputum		 	173∫	N.A.S.	397 }	N.A.S.

CHILDREN.

					wly notified patients.	Contacts and Suspects.				
Tubercle Bacilli p	resent				õ	_				
Tubercle Bacilli a	.bsent				27) 99	138) 859				
No sputum					112 ∫ . N.A.S.	782 ∫ N.A.S.				

LABORATORY WORK—YARDLEY ROAD SANATORIUM AND THE CENTRE.

At the Sanatorium 2,860 specimens of urine and 5,881 specimens of sputum were examined during the year. Of the sputum specimens examined 1,066 presented tubercle bacilli after staining alone, and the remaining specimens were tested by the sedimentation method devised by Ellerman and Erlandsen. Of these 1,350 or 28 per cent, were found to contain tubercle bacilli; these were not found in every instance after one examination, and in some instances the test had to be repeated on several occasions before a positive result was obtained, as shown in the following table:—

Tubercle Bacilli found after 1st sedimentation in 873 instances.

, ,	, ,	,,	,,	2nd	,,	,, 316	,,
, ,	, ,	,,	,,	3rd	, ,	,, 94	,,
,,	, ,	, ,	,,	4th	,,	,, 67	,,

In the Laboratory at the Centre during the year 7,323 specimens of sputum were examined; 51 other specimens were also examined. Of sputum specimens, 1,664 which were previously negative after one staining, were examined by the concentration method of Davis, the results being as follows:—

Tubercle	Bacilli	demonstrated	after	1st	concentration	 43
,,	, ,	,,	,,	2nd	. ,,	 11
,,	,,	,,	,,	3rd	,,	 Nil

COMPLETED CASES.

During the year 1,843 patients completed a course of treatment or supervision, etc., at the Centre, of whom 1,516 were adults and 327 were children.

In the next table, the working capacity at the commencement, and at the end of a completed period of treatment is given for those old patients who were examined during the year. The group of disease quoted was determined at the first examination.

WORKING CAPACITY OF PATIENTS ATTENDING CENTRE.

	GROU	PI.	GRO	UP II.	GROUP III.		GROUP IV	
	Aduits	Children	Adults	Children	Λ dults	Children	Adults	Child-
		-	0					ren
Unimpaired working capacity becoming impaired	6.	1	8	_	1	_	1	2
Unimpaired working capacity becoming totally								
incapacitated	—	_	_		1	_	_	_
Unimpaired capacity for work persisting	19	8	7	1	1	_	1	4
Impaired capacity for work becoming unimpaired	217	88	135	39	11	5	13	36
Impaired capacity for work becoming totally		00	100	00				
incompositated	3		49	1	24		_	_
	1.11	35	467	97	99	6	1.0	15
Impaired capacity persisting	141	એ		$\frac{37}{2}$		Ö	16	19
Total incapacity becoming impaired	14	3	64	6	83	4	14	3
Total incapacity becoming unimpaired	14	6	22	7	2	3	7	9
Total incapacity persisting	4	1	22	_	46	4	4	3
tara treapretty personng in in in							~ ~	
	418	142	774	91	268	22	56	72

AFTER CARE.

Results of investigation into present condition of patients treated in the past.

In the following tables are set out, as briefly as possible, the main points in connection with an investigation undertaken to ascertain the conditions of those past patients who received treatment at the Centre between the years 1913-1928 inclusive.

Present condition of patients treated in previous years showing condition of those who were treated for Pulmonary and Non-Pulmonary Tuberculosis:—

ALIVE.

· S	Total (Class T.B. plus).	111	1.1	1 1 1	1 1	l m m		_	1		1
	137 1-7-1	<u> </u>				266	- v	10	108	2	627
B. plus.	Group III.					76	-4	67	82	-	270
H .	Group II.		1 1			164	-	∞	26	-	315
Cla	Group I.					26	1				42
	.sunim .A.T sessl			11		116	34	13	23	- 8	347
S.	Total (Class).					198 96	014		199	+	635
	Group III.					44	21	1	132	4"	300
	Group II.					132	1		99		303
Clas	Group I.			11		22	1	1	1 2	11	32
	Class T.B. minus	11		11		28	62 44	∞	26 45	က က	363
s.	Total (Class).					113	0.01	12	230	اين	619
1 1	Group III.					27 28		∞	158 102	4	329
	Group II.			11		77 50	-	13	67	-	265
Clas	Group I.					9			10 to		25
	Class T.B. minus			- 8		102	42	23	37 54	8181	426
	Total (Class).	247	23	171	6	539 279	6 6	587	2,065	16 30	5,196
	Group III.	34	6.2	35	ကက	230	7-4	170	1,295	14 23	2,612
	Group II.	131	4 &	80	61 ++	221 121	3	244	642 240	1 6	1,834
Clas	Group I.	82 55	17	36	- 8	88	1 2	173	128 47		750
	Class T.B. minus	929	738	534 537	217	466 564	232 200	1,914	814 570	72 78	9,789
			M. F.	Ä.F.	Ж.Т.	A.F.	Ж. Э.		Ä.F.	F.E.	
						stlubA	СріІдтел		!		
	TED										
	Present Condition of Patients Treat in Previous Years.	Discharged as Cured.		DISEASE Arrested.		DISEASE NOT ARRESTED.		st Sight of or otherwise noved from Dispensary gister.	DEAD.		Totals
	Class T.B. plus. Class T.B. plus. Class T.B. plus.	Class T.B. minus. Class T.B. minus. Croup II. Class T.B. minus. Croup II. Croup II. Class T.B. minus. Croup II. Class T.B. minus. Total (Class T.B. T.	Adults Ad	Class T.B. Plus. Children Adults F. T. 3. 34 Coup II. Class T.B. Plus. Choup III. Class T.B. Plus. Class T.B. Plus	Adults Children Adults S YEARS. Adults Children Adults Choup II. Adults Choup III. Class T.B. plus. Adults Children Adults Choup II. Adults Choup II. Class T.B. plus. Class T.B. minus. Class T.B. minus. Class T.B. minus. Adults Choup III. Class T.B. minus. Class T.B. minus.	Class T.B. minus. Children Adults Chil	Adults Children Adults (Children Adults N. 534 S 86 8 8 8 8 8 17	Class T.B. Phus. Children Adults (Class T.B. Phus.) Choup II. Choup III. Choup II. Choup II. Choup II. Choup II. Choup II. Choup III. Choup II. Choup III. Choup II. Choup II. Choup III. Choup	Class T.B. Pulus. Class T.B. Pulus.	Adults R. R. H. 173 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Chass T.B. pulus. Children Adults Adults Adults Adults Adults Children Chil

	Total.		1 1			22 15	28	1	_	40	-	87
	Peripheral Glands.		11			ကသ	12 7			-		33
1928	Other Organs.					9 27	1.2	1		-		12
	.lsnimobdA		1		11	3	10		-	11		16
	Bones and Joints.		11		1 1	84	4 70		[4	- 1	26
	.IntoT	11			-	18	118	2	_	8 21	m	91
	Peripheral Glands.	11	1 1	11	11	-4	∞ 4	-	1	-		19
1927.	Other Organs.					0.0			I			11
	.lsnimobdA					10	ю 4		-	-	m	23
	Bones and Joints.		1 1		-	14	9 81	1		27		38
	Total.		1 1		1	18	33	2	3	1 3	1 2	104
	Peripheral Glands.		1.1		-	88	8	2	61		1	39
1926.	Other Organs.		. 1.1			1 7	-				11	6
	Abdominal.		11		11	861	0101		61	-		14
	Bones and Joints.				11	15	111	. 1	-	1 2		42
	Total.	61 10	တ တ	981	12	35	39	œ	29	13	6	290
1926.	Peripheral Glands	9	က တ	-	ro 4	7.2	23	4	4.	2	01	115
s to	Other Organs.	-		-	1	84	α 4	-	4	4		31
Previous	.lsnimobdA		4 -	4-1	ω 4	ကဟ	79	2	9	8181	2 -1	56
I d	Bones and Joints.	12	-	-	9191	24	41/	1	ro	6 7	40	88
IS.		SilubA Mr.	Children Fi F	zilubA Ä.F.	Children F. F.	Adults Z.F.	Children			Adults Z.F.	Children Fi K	
Non-Pulmonary Tuberculosis.	Present Condition of Patients Treated In Previous Years.	Discharged as		DISEASE ARRESTED.		DISEASE NOT ARRESTED.		Transferred to Pulmonary	Lost sight of or otherwise removed from Dispensary Register.	DEAD.	10007	Totals
								Ţ	H KK			

ALIVE.

RADIOLOGICAL WORK.

Radiography in connection with the differential diagnosis of pulmonary disease is as essential as the examination of sputum, when present, if correct conclusions are to be reached. It cannot take the place of other methods of diagnosis but by the combined use of clinical, laboratory, and radiological facilities, errors in diagnosis may be reduced.

It is of equal importance in the diagnosis of bone and joint disease, and where it is systematically used in this connection, the percentage of errors will be lessened.

In addition, the doctor will most probably make a more careful clinical examination and diagnosis after committing himself to a graph record, when he knows that an X-ray examination will immediately follow, and he will have to compare the results with those of his physical examination.

Radiology is essential, too, in association with the treatment of pulmonary tubercle by means of artificial pneumothorax, which we have now practised for many years past. In some pulmonary diseases, after the injection of "lipiodol" into the bronchial system, radiology can be advantagously used in differential diagnosis.

During the year, no less than 3,653 screen examinations were made in the Radiography section, and films were taken in 1,312 cases.

Summary.

- 1. There was a slight decrease in the number of patients' attendances during the year 1928 as compared with 1927.
- 2. No less than 73.47 per cent. of the total number notified in the City during the year as suffering from pulmonary tubercle were examined at the Centre.
- 3. 930 patients were visited and examined in their own homes.
- 4. During the year 3,653 X-ray screen examinations of our patients were made and 1,312 radio-graphs were taken.
- 5. Amongst adult patients, suffering from tuberculosis, 60.7 per cent. presented tubercle bacilli in their sputum, and amongst the children 3.47 per cent.
- 6. Of the patients treated during the periods 1913-1928, some 7,077 presented tubercle bacilli in their sputum. Of this number 35.74 per cent. are known to be still alive, 55.52 per cent. are known to be dead, and 8.74 per cent. have been lost sight of.
- 7. During the same periods, 10,925 patients whose sputum contained no tubercle bacilli were treated. Of this number, 66.06 per cent, are known to be still alive, 16.02 per cent, are known to be dead and 17.92 per cent, have been lost sight of.

SANATORIA FOR TUBERCULOSIS.

(Report by Dr. G. B. Dixon, Chief Tuberculosis Officer)

The Birmingham Public Health Committee has 604 beds available for the treatment and prevention of pulmonary tuberculosis. These beds are distributed in four different sanatoria, namely, Yardley Road Sanatorium, West Heath Sanatorium, Salterley Grange Sanatorium, near Cheltenham, and Romsley Hill Sanatorium, Halesowen. The Yardley Road Sanatorium is situated in a suburban part of the City, about $3\frac{1}{2}$ miles from its Centre, and has accommodation for 325 patients; the beds are available for male and female adults and children. There are 154 beds for male adults, 10 of which are reserved for the admission of patients for observation purposes, and the remainder are utilised for the treatment of those in the intermediate and advanced stages of tuberculosis. There are 52 beds provided for female adults, including 8 beds reserved for observation purposes. The female patients admitted are those in the early and intermediate stages of tuberculosis. There are 119 beds for the treatment of children, and included in those are 18 beds available for the purpose of observation. Children in all stages of tuberculosis are admitted, and a number of beds are occupied by patients suffering from bone, joint, glandular and abdominal tuberculosis.

The West Heath Sanatorium is situated about 6 miles from the Centre of the City; it contains 116 beds, 92 of which are set apart for the treatment of female adult patients suffering from advanced tuberculosis, while 24 beds are available for male adults.

The Salterley Grange Sanatorium with 68 beds is situated in the Cotswold Hills, about 3½ miles from Cheltenham, and has accommodation for 38 males and 30 females. The patients selected are all of adult age, and are the most promising from a medical standpoint of all our patients, the majority suffering from tuberculosis in an early stage.

Romsley Hill Sanatorium is situated in the Clent Hills, 11 miles from the centre of the City, and has accommodation for 59 males and 29 females. Those in all stages of the disease are admitted.

Admission to these different Sanatoria is arranged by the staff of Tuberculosis Officers, after examination of the patients at the Municipal Anti-Tuberculosis Centre, 44a, Broad Street. The treatment given to patients in the Sanatoria is on similar lines, and includes hygienic and dietetic treatment, graduated rest, exercise and occupation, the employment of appropriate drugs when indicated, or specific treatment by means of the various tuberculins and vaccines, etc. Heliotherapy, treatment by ultra-violet rays, and artificial pneumothorax are undertaken in suitable cases.

TOTAL NUMBERS TREATED IN THE SANATORIA AND DURATION OF STAY.

During the year 1928, there were 1,802 patients discharged from all the Sanatoria. Included in this number are 83 patients suffering from surgical tuberculosis who have been treated in Institutions subsidised by the Health Department. Of this number 930 were adult males, 569 were adult females, 175 were male children and 128 were female children.

The average duration of stay, excluding those admitted for observation and who, proving negative, remained only for a short time, and excluding those hospital cases with advanced disease who died within a few days of their admission, was 137.9 days for adult males, 154.7 for adult females, and 222.6 days for children.

Results of Treatment of Patients and of Observation of Doubtful Cases Discharged from Residential Institutions During the Year 1928.

Duration of Residential Treatment.

Classification on admission.	(Condition at time of discharge.		n	nder nonth F.	ıs.	mo	3—3 onths F.		m	6—12 ionth F.	s.	12 n	e than	ıs.	Total
Class T.B. minus.				54 54 18 26	22 21 7 13	5 3 6 1	25 21 2 3	19 23 3 3	9 17 —	7 5 —	4 7 1	22 18 1 1	2 	3 3 1	6 4 2 —	178 176 41 47
Class T.B. plus. GROUP I.	Quiesc Impro No ma Died in		vement	3 10 —	5 3 1 1		3 2 -	4 1 —			<u>_</u>			<u>_</u>	_ _ _	15 18 3 1
Class T.B. plus. GROUP II.	Quiesc Impro No ma Died i		vement	10 128 22 16	45 22 2	_ _ 1	7 66 17 11	4 37 11 —	1	1 28 5 6	1 18 16		6 1 1			24 333 95 37
Class T.B. plus. GROUP III.			vement	64 41 97	1 46 22 56	<u></u>	1 28 17 15	26 20 14	_ 1 2	- 8 9 7	5 6 2			1 3 7		2 182 121 203
Bones & Joints.	Impro No ma	cent or arres ved terial impro n Institutio	 vement	9 2 1	1 2 1 —	2 19 4 1	1 1 -		2 5 —	2 - 1 1	5 — —	6 2 - 2	8 2 —		28 6 —	57 47 8 5
ABDOM- INAL.	Impro No ma	cent or arres oved aterial impro n Institutio	 vement		2	1 1 -		2			1	3 2 -				10 4 2 -
OTHER ORGANS,	Impro No ma	cent or arresoved aterial impro in Institutio	 vement	1	-		1 1 -	1 1 -		_ _ _		1			1 	4 2 1
PERIPH- ERAL GLANDS.	Impro No m	cent or arre oved aterial impre in Institution	 ovement	$\begin{vmatrix} 1 \\ - \end{vmatrix}$	1	1	1	1		<u></u>			=======================================			4 3 —
					Und 1 wee			1—: week			2—week			ore th		
OBSERVAT FOR PURP OF DIAGNO	OSE	Tuberculo Non-Tube Doubtful			1	1 1 -	1 2	1 1 1	$\begin{vmatrix} 4\\2\\2 \end{vmatrix}$	26	8 20 —	22 81 —	14 9 1	5 10 —	12 22 —	

Note.—"Quiescent." Cases which have no symptoms of tuberculosis and no signs of tuberculous disease except as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli.

- "Improved." Cases short of "quiescent" in which the general health is fair and the symptoms of tuberculosis have materially diminished.
 - "No material improvement."—All other patients who are alive.

OBSERVATION PATIENTS.

The beds reserved for the purpose of observation are at the Yardley Road Sanatorium, and vary in number from time to time, the average being about thirty. Observation patients are those who, after careful and repeated examinations at the Centre, are found to be indefinite, either as to the absence or presence of tuberculosis, or as to its activity or otherwise when present, and are usually admitted for a period varying from two to four weeks. Of the 1,719, 266 or 15.47 per cent. were admitted primarily for observation to Yardley Road Sanatorium. The medical findings are shown at the foot of the previous table.

DISCHARGED PATIENTS, TABULATED ACCORDING TO SEX AND AGE.

In the following table the patients have been classified according to their sex and age. It will be seen that the largest number of our patients are included in the age-period between twenty-one to twenty-five years.

						Males.	Females.
1 to 14	years					127	107
15 to 20	,,,					106	121
21 to 25	,,		• • •			111	126
26 to 30	,,					108	91
31 to 35	,,					106	58
36 to 40	, ,	• • •				104	65
41 to 45	,,	• • •				120	39
46 to 50	,,	• • •				122	36
51 to 55	,,				• • •	81	16
56 to 60	,,	• • •				42	6
Over 60	,,	•••	•••	• • •	•••	19	8
						1,046	673

CLASSIFICATION OF PATIENTS' DISEASE.

In this table the patients are scheduled according to the classification of the Ministry of Health, as follows:—

Group I. Cases with slight constitutional disturbance, if any, e.g., there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent, as follows:—Either present in one lobe only and in the case of an apical lesion of one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this group.

Group III. Cases with profound systemic disturbance or constitutional deterioration; with marked impairment of function either local or general, and with little or no prospect of recovery.

All cases with grave complications, whether tuberculous or not, should be classified in this group, e.g., diabetes, tuberculosis of larynx or intestine, etc.

GROUP II. All cases which cannot be placed in Group I. and III.

Patients suffering from non-pulmonary tuberculosis are classified according to the site of the lesion and are placed under Group IV.

SPUTUM.

Excluding the 179 observation patients with no active signs from the total number of adult patients discharged from the Sanatoria suffering from pulmonary tuberculosis during the year, 1,034 or 67.14 per cent. presented tubercle bacilli in their sputum whilst in the Sanatoria.

Sanatoria	No sputum persisting	No sputum becoming T.B.—	No sputum becoming T.B.+	T.B.— persist- ing	T.B.— becoming T.B.+	T.B.— becoming no sputum	T.B.+ persist- ing	T.B.+ becoming T.B.—		Totals
Yardley Road Sanatorium	27 39 101		1 1	104 11 1	15 2 —	11 7 15	255 53 3	33 8 —	15 7 3	462 Adult Males. 128 Adult Females. 123 Children. 179 Negative Diagnosis.
Romsley Hill Sanatorium	4 9	1 1	$\frac{2}{3}$	35 7	9 5	2	130 51	18 6	1 5	202 Adult Males. 87 Adult Females.
Salterley Grange Sanatorium	12 18 —		=	5 2 —	1 1 —	23 7 1	58 26 —	$\frac{6}{3}$	26 17 —	131 Adult Males. 74 Adult Females. 1 Children.
West Heath Sanatorium		<u>_1</u>	1 5 1	14 27 1	3 3 —		60 154 1	5 27 —	9 1	83 Adult Males. 244 Adult Females. 5 Children.

OCCUPATIONS.

In the following table the occupations of both male and female adult patients are shown:-

					Males.	Females
Out-door occupa	tions		 	 	94	4
Domestic Occupa	ations		 	 	15	266
Sedentary Occur	oation	S	 	 	78	62
Commercial Occ	upatio	ns	 	 	29	15
Engineering tra-	đe		 	 	221	80
Metal trade			 	 	161	80 48
Building trade			 	 	75	2
Other trades			 •••	 	245	88
					918	565

ILLNESSES PRIOR TO ADMISSION.

In 130 or 8.76 per cent, instances adult patients had a history of having suffered from pleurisy at periods varying from one to twelve years prior to their examination by us. In 107 or 7.21 per cent, of the adult patients there was a history of pneumonia having occurred from one to twelve years previously. Large numbers of patients attributed the onset of their tuberculosis to an attack of influenza, and in the case of many of our child patients measles appears frequently as a probable predisposing cause of tuberculosis.

GAIN OR LOSS IN WEIGHT.

Amongst a total of 1,719 patients discharged from Sanatoria, many of whom were advanced hospital cases, having been admitted for the purpose of prophylaxis, 100 or 5.81 per cent. remained stationary, and 1,455 or 84.64 per cent. gained weight in amounts varying from one to fifty pounds.

WORKING CAPACITY OF PATIENTS TREATED IN SANATORIA.

The working capacity of patients is shown in the following table:-

	Adult Males.	$\begin{array}{c} \text{Adult} \\ \text{Females.} \end{array}$	Children.	Totals.
Unimpaired capacity for work becoming impaired Unimpaired capacity persisting Impaired capacity for work becoming unimpaired Impaired capacity for work becoming totally incapacitated Impaired capacity persisting Total incapacity for work becoming impaired Total incapacity becoming unimpaired	Males. 1 87 70 421 119	1 38 31 226 90 8		1 2 182 106 694 215
Total incapacity persisting	179 40	139 32	11 107	$\frac{329}{179}$
	918	565	236	1,719

SUMMARY.

The average duration of patients' stay for all the Sanatoria was 137.9 days for adult males, 154.7 for adult females, and 222.6 days for children.

Of the patients from all Sanatoria no less than 15.47 per cent. had passed through the observation beds at Yardley Road Sanatorium.

The largest number of our patients in any demi-decade were those drawn from the age period 21-25 years.

Over 35.13 per cent. of the patients discharged were in Group III., 40.43 per cent. were in Group II., 9.95 per cent. were in Group I., 4.07 per cent. were in Group IV., and 10.41 per cent. had a negative diagnosis.

There were 67.14 per cent, of the total definite patients who presented tubercle bacilli in their sputum whilst in the Sanatoria. The number who showed bacillary loss, decided after three examinations, was 190 or 19.36 per cent.

Over 84 per cent. of all patients discharged from Sanatoria gained weight in amounts varying from one to fifty pounds; only 5.81 per cent. remained stationary.

Some 293 patients died in "hospital" beds in the various Sanatoria. This figure represents 34.88 per cent, of the total deaths from pulmonary tubercle occurring in the City during the year.

TREATMENT IN THE LIGHT CLINIC, CITY SANATORIUM, YARDLEY ROAD.

(Report by Dr. G. B. Dixon, Chief Tuberculosis Officer).

STAFF

The work of the Light Clinic at the City Sanatorium, Yardley Road, Birmingham, is directed by Dr. G. B. Dixon, Medical Superintendent of the Sanatorium, who received a course of training at the Finsen Institute, Copenhagen.

The nursing staff includes a Sister, two staff nurses and one probationer. The Sister has worked continuously in the department for about four and a half years.

The Clinic is open on five days weekly from 9 a.m. till 6 p.m. and on Saturdays from 9 a.m. till 2 p.m. and there are Evening Sessions on Mondays, Wednesdays, and Fridays from 6 p.m. till 8.30 p.m. for those patients who are able to follow their employment.

The Clinic is utilised for the treatment of patients resident in the Sanatorium, and for those who are out-patients at the Anti-Tuberculosis Centre, many of the latter having previously been residential patients in the Sanatoria. Every patient treated in the Light Clinic is suffering from tuberculosis in one form or another. The majority are the subjects of bone and joint tuberculosis, laryngeal tuberculosis, tuberculosis of the glands, abdomen, lupus, etc.

Source of Artificial Light.

The artificial light is derived from four open flame carbon-arc lamps, consuming 75 amperes. Direct current is used, and the voltage is sixty-five.

Two lamps are used in each light treatment room. In one room they are fitted with simple non-cored carbons. The period of exposure to this lamp for a general bath, as a maximum, may be from one to two hours. The spectrum of light from this lamp is said to approximate more nearly to the spectrum of sunlight, than that of many other lamps. These lamps are used as a general bath, the whole body being exposed.

In many cases of tuberculosis, where the lesion is a superficial one, as in the cases of lupus vulgaris, ulcerations and sinuses, the local application of artificial light in association with the general bath will be found to give better results than are usually obtained from general or local irradiations alone.

For local irradiation, we utilise a tungsten and carbon-arc lamp of 5 amps, with a voltage of 220, the light from which is concentrated through a quartz lens.

Pulse and Temperature Readings.

Treatment by means of the general light baths, as a rule, produces no deleterious effect upon the pulse and temperature records of our patients. Occasionally increases in pulse rate, and a rise of temperature have been noted after treatment, but in most instances they have been transient, Such rises are more likely to occur where pulmonary tuberculosis is an associated lesion,

The marked improvement which occurs in the muscular tone of immobilised limbs after ultraviolet irradiation, is noticeable.

In association with the treatment of lupus vulgaris by means of ultra-violet irradiation other forms of treatment for this disease should not be ignored. We have found in many of these cases that the local application of liquor hydrargyri nitratis has been of benefit.

The tendency to regard the application of artificial light to those suffering from tuberculosis as a complete method of treatment in itself, should be guarded against. The best results can only be obtained when it is associated with other forms of treatment.

It is well to remember, too, that whatever treatment is used for tuberculosis, it must be undertaken before the disease is advanced, whilst the patient is capable of response, and it must be of long duration, irrespective of the site of the lesion, if good results are to be anticipated. Sufferers from laryngeal tuberculosis cannot be excused from the prolonged observation of silence, or the use of the cautery, nor can those with bone and joint tuberculosis be relieved from the tedium of immobilisation because of actinotherapy.

Patients Completing Treatment During 1928.

The total number of patients discharged or completing treatment during the year 1928, was fifty-five. This number includes twenty-one adult males, twenty adult females, seven male children, and seven female children. Of the fifty-five patients treated, forty-three completed a satisfactory course of treatment, four of which have since died. Twelve failed to complete a satisfactory course of treatment, one of which has since died.

Of those who completed treatment during the year, twenty-three were cases of bone and joint tuberculosis, eleven were cases of abdominal tuberculosis, seven were cases of peripheral adenitis, and the remaining fourteen were suffering from tuberculosis in other organs.

In the majority of instances, patients received artificial light treatment and sanatorium treatment concurrently; the majority after discharge from the sanatorium continued to attend the Light Clinic as out-patients.

TREATMENT MUST BE PROLONGED.

It is an advantage if the initial period of artificial light is associated with sanatorium treatment. In most instances of tuberculous disease, a course of artificial light treatment extending over a period of less than six months will, as a rule, not produce satisfactory results. In many instances treatment must be continued for eighteen months to two years, when exposures are given on alternate days.

LENGTH OF TREATMENT AND NUMBER OF EXPOSURES.

The average length of time during which our "completed" patients received artificial light treatment was approximately 73 weeks. The average number of exposures was approximately 184, and the average gain in weight in each case was approximately $5\frac{1}{2}$ lbs.

PATIENTS WHO DID NOT COMPLETE TREATMENT.

The patients who discontinued treatment for various reasons numbered 12. They included cases of tuberculous bones and joints, abdominal tuberculosis, lupus, and peripheral glands. The majority were cases of long standing and fairly extensive disease.

On December 31st, 1928, 142 patients were having treatment in the Light Clinic. This number included patients suffering from bone and joint tuberculosis, tuberculous adenitis, laryngitis, lupus vulgaris, and abdominal tuberculosis, most of whom are making good progress.

COST OF CURRENT.

The cost of current for the working of the Light Clinic was 1/8.2d. per hour.

VENEREAL DISEASES.

The following table shows the total number of new cases of Syphilis and Gonorrhœa treated each year since 1918:—

				of Syphilis			Ne	w cases of	Gonorrha	a.
Year.		Male.	Female.	Children.	Total.		Male:	Female.	Children	
1918	• • •	502	355		857		588	100		688
1919		782	459	_	1,241	•••	1,399	187	_	1,586
1920		704	441		1,145	•••	1,190	185		1,375
1921	• • •	423	343	_	766		825	131		956
1922	•••	220	237		457		628	83	_	711
1923	•••	296	239	_	535	•••	666	89		755
1924	• • •	291	301	18	610		691	73	5	769
1925	•••	277	240	23	540	•••	667	220	5	892
1926	•••	231	270	4 3	544		692	185	7	884
1927	• • •	278	298	62	6 38		6 60	289	26	975
1928		245	306	56	6 07	•••	781	348	29	1158

Note.—About 90 per cent. of these cases are Birmingham residents.

The Clinics at which these persons were treated in 1928 were as follows:-

General Hospital (for men and women)		ew cases of Gonorrhœa. 857	Total new cases. 1,251	Total attendances. 70,527
Children's Hospital (for children only)	17	13	30	735
Aston Street Clinic (for mothers and babies)	196	288	484	5,498

Particulars of the cases treated during 1928 are given below:-

			Syphilis				Gonorri	œa.	
		Males.	Females.	Childi	ren Total	Males.	Females	. Child	lren. Total
Total number of new cases		245	306	56	607	781	348	29	1,158
Total number of attendances		12,453	10,067	811	23.331	46,752	5,830	847	53,429
Aggregate number of in-patient days		148	461		609	362	1,104		1,466
Ceased attendance before completion	of								,
treatment		63	102	. 31	196	118	36	3	157
Ceased attendance after completion	of								
treatment, but before final tests		51	33	3	87	295	28	5	328
Transferred to other Centres after treat	men	t 7	13	7	27	29	16	3	48
Discharged or died after completion	of								
treatment and observation		21	32	23	76	101	58	14	173
Number of patients under treatment	or								
observation on January 1st, 1929		551	584	117	1,252	979	622	38	1,639

The reason for the substantial increase in the number of new cases of gonorrhœa attending, and for the stationary figure with regard to the number of new cases of syphilis attending, cannot be definitely stated. The explanation may be that the known effectiveness of the clinical treatment of syphilis is fast reducing its prevalence to a degree counterbalancing the tendency to more ready attendance at the Clinic, while the recognized relative ineffectiveness of treatment of gonorrhœa has failed to make a reduction proportionate to the freer use made of the Clinic. There may, of course, be an actual increase in the prevalence of gonorrhœa. The heavy incidence of ophthalmia of the new born (page 119) during the year would favour an actual increase in the disease gonorrhœa were it not that an uncertain proportion of the ophthalmia cases appeared to be non-venereal in origin.

SUPPLEMENTARY REPORT ON VENEREAL DISEASES IN BIRMINGHAM FOR 1928. (By Dr. Eric W. Assinder).

During 1928 there were three centres working under the Public Health Authorities in Birmingham:—

- (1) The General Hospital Centre.
- (2) The Aston Street Centre.
- (3) The Children's Hospital Centre.

The year showed a large increase in attendances over previous years at all the above Clinics, the total increase being, as will be seen from the statistical reports, 10,959.

This figure is made up of:-

	Increase at	General Hospital		 	 		9,968
	Increase at	Aston Street		 	 	•••	786
-	Increase at	Children's Hospit	tal	 	 		205

It will also be seen that these figures are not so much due to an increase in the number of new cases as to a better attendance of Patients under treatment.

I am convinced that for the proper treatment of Venereal diseases frequent and regular attendance is essential, and I regard such an increase in the number of attendances as an indication that the average case of venereal disease is obtaining better treatment than formerly.

I have always tried to emphasise how important early treatment is in venereal disease, and it is a good sign that patients appear to be attending at an earlier stage than was often the case in the past.

The number of cases of acute gonorrhœa has been very heavy, nearly 600 male cases attending for treatment at the General Hospital alone for 1928. Unfortunately, the number of defaulters is still far too large.

The number of women patients continues to be small in comparison with the men—especially in cases of gonorrhoa—although Aston Street Clinic shows an increase of 90 over 1927. In the hope of improving this position we have started an additional Women's Clinic at the General Hospital for 1929.

The increase in the clinical work must involve a heavy burden on the Laboratory work and I should like to bring to the notice of the Committee the large increase in the number of Pathological Examinations from the Venereal Diseases Centres which have been examined at the City Laboratory.

The new building at the General Hospital is nearly completed and I am sure that when this becomes occupied it will provide greater comfort and privacy for the patients and will also enable the staff to carry out their work with much greater efficiency.

CITY BACTERIOLOGICAL LABORATORY.

The following return of work done at the Laboratory shows statistically the scope and nature of the work done.

Annual Return for Year Ending December 31st, 1928.

D: 1.4 : 0 1					50 150
Diphtheria Swabs			 	 	20,458
Fæces	• • • •		 	 	61
Milks			 	 	2,657
Shell Fish			 	 	84
Sputum for Tubercle Bac	illi		 	 	2,706
Vaccines	• • •		 	 	6
Venereal Diseases			 	 	21,957
Waters			 	 	474
Widals for Enteric Fever	•••	• • •	 	 	681
Miscellaneous			 	 	1,111
					50,195

REPORT ON THE CITY HOSPITALS.

(By Dr. E. H. R. HARRIES, Medical Superintendent).

At the beginning of the year, both Little Bromwich and Lodge Road Hospitals were receiving patients; the latter, cases of scarlet fever only. Toward the end of January, Lodge Road Hospital was closed, all the patients being transferred to Little Bromwich. Temporary use was again made of part of the accommodation at Lodge Road, for convalescent cases of scarlet fever for a month in the Autumn. Towards the end of the year, the Taplow wards at Witton Hospital were utilised for a few weeks for the same purpose. Pending the completion of the new blocks I and J at Little Bromwich, accommodation for scarlet fever has been somewhat restricted: on the other hand, there were not sufficient cases of the disease to warrant the continued use of the wards at Lodge Road Hospital. Thus, supplementary accommodation was utilised for short periods only, as necessity arose.

The occurrence of a number of cases of smallpox necessitated the opening of Witton Hospital in January. Although the great majority of cases occurred in January and February, sporadic cases were admitted at intervals until September.

The following table shews the number of direct admissions during the calendar year (transferred convalescent cases are not shewn). The figures have not been revised for diagnosis. The main infections—diphtheria, scarlet fever and smallpox are analysed and discussed in subsequent sections of the report.

TABLE 1. Direct admissions (not revised for diagnosis).

	Diphtheria.	Scarlet Fever.	Small- pox.	Miscellaneous infections.	Total.
In Hospital on Dec. 31st, 1927	 280	124	_	5	409
Admitted during 1928	 1,909	9 3 4	58	63	2,964
Discharged during 1928	 1,807	934	57	59	2,857
Died during 1928	 72	8	1	5	86
Remaining on Dec. 31st. 1928	 310	116	_	4	430

(104 cases of scarlet fever convalescents, transferred from one hospital to another, are not shewn in the above table).

DIPHTHERIA.

Out of the total of 1,909 cases admitted as suffering from diphtheria, 458 (23.9 per cent.) were cases of bacteriological diphtheria. Of this latter total 316 were suffering from pathological conditions other than diphtheria; 42 were carriers of virulent diphtheria bacilli, and 100 shewed no evidence of disease. The latter were either bacteriologically free on repetition of the swab immediately after admission to hospital, or were carrying organisms which were reported to be nontoxic. 127 cases which were not swabbed before admission, shewed no evidence of diphtheria; all, save 20 of these—who shewed no evidence of disease—were suffering from other pathological conditions. This leaves a net total of 1,314 cases of clinical diphtheria notified as such; 20 of these cases were suffering on admission from an inter-current acute infection. For statistical purposes, these latter cases have been regarded as cases of diphtheria purely. To the total of 1,314 have to be added 3 cases notified as scarlet fever, but who were actually suffering from diphtheria. This makes the corrected total of cases of clinical diphtheria under treatment, 1,317.

From the gross total of 72 deaths occurring amongst patients notified as diphtheria have to be subtracted 15 who were not suffering from that disease. In the 57 fatal cases which remain have to be included, for statistical purposes, 12 patients who were suffering from an inter-current infection, such as measles or whooping cough, at the time of admission. The case mortality rate for diphtheria worked out, on these *corrected* figures upon the Registrar-General's *formula, is 4.39 per cent.

Of the 57 fatal cases, 12 died in less than 24 hours after admission. In 1927, out of the same total of 57 deaths occurring amongst 1,307 cases of diphtheria, no less than 21 died within 24 hours of admission.

The fatal cases of diphtheria are further analysed in the following table:-

Table 2. (57 fatal cases of diphtheria arranged according to the day of disease on admission to hospital).

						No. of		FIF		by pract v of Disc)f1—			Later than
Ad	mitt	ed	to hospital	on		cases.	1st	2nd	3rd	4th	5th	6th	7th	8th	·8th
1st	day	of	disease			3	3								
2nd		,,	,,			7		7							
2nd 3rd 4th 5th 6th 7th 8th	,,		,,			10		5	5						
$4 ext{th}$,,	,,			16	2	5	4	5					
$5 ext{th}$,,	,,			2		1			1				
$6 \mathrm{th}$,,	,,			9		2	5		1	1			
7th		,,	,,			1				1		_			
	,,	,,	,,	• • •	•••	3	1		1			1			
Late	er t	han	8th		• • •	6	2				1				3
							_			_	_	_	_	_	_
						57	8	20	15	6	3	2	0	0	3
						_		_				_			_

15 of the 57 fatal cases had been swabbed by the practitioner before admission. Only 6 of the total received antitoxin before admission to hospital (4 without waiting for the result of the swab; 2 after the swab result had been received).

^{*} Deaths x 100.

Half the sum of admissions, discharges and deaths.

In 12 of the fatal cases, death occurred within 24 hours; in 4, between 24 and 48 hours; in 10, between 2 and 5 days; in 17, between 5 and 10 days; in 10, between 10 and 20 days; and in 4, over 20 days after admission to hospital.

STREPTO-DIPHTHERIA.

Apart from those cases presenting definite clinical signs of a double infection of diphtheria and scarlet fever, a number of cases of diphtheria were admitted—especially at the beginning and again towards the end of the year—which shewed evidence of an associated streptococcal infection of the throat. It was found that these cases only responded, completely and satisfactorily, to specific therapy when a dose of scarlet fever antitoxin was given in addition to diphtheria antitoxin.

Intravenous Administration of Diphtheria Antitoxin.

The administration of diphtheria antitoxin by the intravenous route has been adopted in an increased number of cases of the most severe type and in much greater unitage than was formerly given by this route in this hospital. Whilst the aggregate number of units of antitoxin given to the severe case of diphtheria has been much the same as in previous years, a greater proportion of the aggregate dose has been injected intravenously, instead of intramuscularly.

Individual cases, as judged by results, have seemed to provide abundant justification for the employment of the intravenous route. It is clear, however, that in the assessment of the share of a therapeutic method, or of a modification of an established method, in reducing the fatality rate in an acute infection, not only must opinion be based upon a sufficient number of cases, but all other relevant factors tending to decrease the fatality rate in successive years must be taken into account. No one factor, and especially no curative one, can be pointed to as having been wholly responsible for the notable reduction in the fatality rate from diphtheria which has taken place in Birmingham, as in other large centres of population, during the last few years. It may, however, be said with confidence that a large unitage of concentrated or "refined" antitoxin given intravenously is the method of choice in the case of malignant or hyper-toxic diphtheria.

ELECTRO-CARDIOGRAPH.

As recorded in last year's report, an electro-cardiograph has been installed, and Dr. K. Douglas Wilkinson appointed as Cardiologist to the hospital. Considerable instrumental difficulties were encountered owing to the type of current supplied to the hospital. In the end, it was found necessary to work the electro-cardiograph from storage batteries. In spite of the interruptions thus brought about, a considerable amount of valuable preliminary work has been carried out which, while not as yet sufficient in amount to report upon, does shew very definitely that most valuable knowledge is likely to be obtained about the heart in diphtheria by graphic methods. When the new blocks are complete, eight wards in the hospital—especially wired for cardiographic purposes—will be available. Thus, there will be no lack of clinical material for investigation. Systematic observations, upon an extended scale, are being carried out under the guidance of Dr. Wilkinson.

DIPHTHERIA CARRIERS.

During the year, 112 operations were performed for the removal of tonsils and/or adenoids in persistent carriers of toxic diphtheria bacilli. One return case arose as the result of the discharge of these 112 patients from hospital. From the infecting case had been obtained before discharge three consecutive negative sets of swabs. The child, however, was a chronic nose picker.

In last year's report, the installation of a mercury vapour ultra-violet lamp was recorded. The primary purpose of this lamp was the treatment of the diphtheria carrier by local applications of ultra-violet rays. As in the case of the electro-cardiograph, instrumental difficulties, due to current supply, were encountered, and although these difficulties were ultimately overcome, the lamp was out of action for considerable periods. The number of carriers so far treated by the lamp is not large—about 50 or 60. The results obtained have been disappointing and in no way comparable in rapidity or certainty to those obtained by tonsillectomy and the removal of adenoids. Indeed, in some of the carriers treated by the ultra-violet lamp, resort had ultimately to be made to surgical methods for their clearance. Surgical methods can be relied upon to clear the tonsillar carrier promptly, and in the majority of cases, the nasal carrier also. Numerous, controlled trials of a solution of gentian violet, sprayed on to the nasal and post-nasal mucosa, are being carried out by Dr. W. M. MacFarlane. The results so far obtained are sufficiently good to warrant further and extended trials of the method, which is simple of application.

DIPHTHERIA IN THE " 1MMUNISED."

With the large increase in the number of children in the city who have undergone, or who are actually undergoing, active immunisation against diphtheria, it is inevitable that a certain number should find their way into the hospital with a notification of diphtheria. This is especially likely to

occur in a city where the practice of swabbing is so extensively carried out. It is of great importance that such cases should be carefully investigated and recorded. During the year, 18 cases were admitted to Little Bromwich Hospital, and are analysed below:—

- (a) Three children who had received an incomplete course, or who had been immunised very recently, were admitted.
 - i. Single dose of T.A.M. one week before admission to hospital. No clinical evidence of diphtheria; diagnosis, scarlet fever.
 - ii. Two doses of T.A.M., the second dose being a month before admission. Diagnosis; clinical diphtheria.
 - iii. Three doses of T.A.M., the third dose being given two weeks before admission to hospital. Diagnosis; clinical diphtheria.
- (b) Nine cases were notified, and admitted to hospital, as diphtheria. All these patients had received a complete course of three doses of T.A.M. at intervals varying from 5 to 18 months before admission. None shewed any evidence of clinical diphtheria on admission to hospital. The Schick test was negative in each of the nine cases when performed immediately after admission to hospital. Three were shewn to be carriers of diphtheria bacilli toxic to guinea pigs, and two to be carriers of non-toxic organisms without evidence of disease. Two others who had clinical follicular tonsillitis were also carriers of toxic organisms, and the remaining two had follicular tonsillitis with negative swabs.
- (c) Three cases were admitted who had had a complete course of T.A.M., two years previously. All three were Schick positive, but none of the three shewed any evidence of clinical diphtheria. The result of swabs and of virulence tests after admission to hospital shewed toxic organisms in all three cases. No antitoxin was given; the Schick test was repeated in each case within three weeks of admission, and in each case had become negative.
- (d) Two children who had received the full course of T.A.M. and who were known to be Schick negative as a result, were given antitoxin by the practitioner on the strength of a positive swab. In neither case was there any evidence of clinical diphtheria on admission to hospital. On repetition of the swabs, and as a result of virulence tests, one child was shewn to be a carrier of toxic, and the other of non-toxic organisms.
- (e) One child was admitted who had completed the course of T.A.M. 9 months previously. No confirmatory Schick test had been done in this case. This boy had, on admission, severe clinical diphtheria and at once received a large dose of antitoxin. It was inadvisable on clinical grounds to delay antitoxin until a Schick test could be performed. Two other children in the same family who had also received three doses of T.A.M. 9 months previously were admitted at the same time. Neither of these two children shewed evidence of clinical diphtheria, and in each case the Schick test was negative, the swabs being positive and the organisms toxic. Thus, in one of three children of the family, a course of T.A.M. had failed to produce immunity over a period of nine months, but had been successful in the case of the other two.

These cases emphasise the importance of the confirmatory Schick test wherever possible after a course of T.A.M.

SCARLET FEVER.

The net total of cases of scarlet fever admitted to hospital arrived at after subtracting 86 cases which proved not to be scarlet fever and adding 27 cases sent in as diphtheria, but which were actually suffering from scarlet fever, is 875. The net number of deaths ascribed, either wholly or in part, to scarlet fever was only 6. These fatal cases were as follows:—

- 1. Toxic scarlet fever and convulsions.
- 2. Toxic scarlet fever and phlegmonous angina.
- 3. Scarlet fever and acute peri and endo-carditis.
- 4. Scarlet fever; septicæmia and pneumonia. (Puerperal case).
- 5. Cerebral embolism; bronchiectasis and scarlet fever.
- 6. Diabetes and scarlet fever.

Regarding, for statistical purposes, all these deaths as due to scarlet fever, the case mortality (on the Registrar-General's formula) works out at 0.68 per cent.

There has been a notable absence of septic scarlet fever; only one case of this type having been admitted during the year.

Scarlet fever antitoxin has been given intramuscularly in a considerable number of cases with very beneficial effects, especially, of course, upon the toxemia of the disease.

SMALLPOX.

During the year, 54 cases of Smallpox were admitted to the Smallpox Hospital at Witton. In addition, four patients were admitted for observation and proved not to be cases of Smallpox. 49 of the total number of cases were admitted during January and February and 47 of these cases were removed from the men's side or casual wards of two workhouses; 46 being inmates, and one, an attendant.

In March and April, two cases from private addresses were admitted. Of three cases admitted during June and July, two came from private houses and one from a workhouse casual ward. A single case was admitted in September in a late stage of the disease. The infection had been derived from a northern seaside town. Of the 54 cases, all except 4, were males. The age distribution and state of vaccination of the 54 verified cases are set out in the table below:—

	Age Group:— No. of cases.	10- 2	15— —	20— 3	30—	40 6	50— 15	60— 18	70— 6	80-	Total. 54
Vaccina	al state:—										
a.	Unvaccinated	 2		3	2		2	1	2		12
	Infancy only	 	—	—	to to vision.	6	11	16	4	1	38
e.	Revaccinated	 _	—			_	2	1		1	4

The four patients who gave a history of revaccination had been revaccinated 62, 55, 39 and 27 years prior to the attack of Smallpox. All the 54 cases were the prevailing mild type. There was one death; the patient, a man aged 69, vaccinated in infancy, died primarily of senility and arterio sclerosis; his modified discrete attack of Smallpox was a contributory factor only.

Immunisation of Nursing Staff.

As in previous years, all new members of the nursing and domestic staffs have been tested for susceptibility to diphtheria and scarlet fever, by means of the Schick and Dick tests immediately after entry. Those proved to be susceptible to either or both diseases have been actively immunised. During the year, no case of clinical diphtheria has occurred amongst the staff. Four nurses known to be Schick negative, either on entry or as a result of active immunisation, complained of sore throat. The clinical appearances in each case were those of tonsillitis. No diphtheria membrane was to be seen: from all four, positive swabs were obtained, and the organisms were toxic. Constitutional disturbance was very slight. No antitoxin was given. Three of the nurses became bacteriologically free in a few days: the fourth remained a carrier for many weeks.

With regard to scarlet fever: three probationers during the year contracted the disease; one, who for some reason had not been Dick tested or immunised on joining, as long as 22 months after entry: the second nurse, Dick positive, 12 days after entry and, therefore, before active immunity could be brought about; the third, after active immunisation had been produced as judged by the reversal of the Dick test from positive to negative. This probationer, Dick positive on admission, was actively immunised, receiving in all 36,000 skin test doses of scarlet fever toxin, the final dose being 20,000 s.t.d. The Dick test repeated a month after this course was negative. A month later still, the girl contracted scarlet fever; the Dick test was then again positive.

The number of skin test doses at present employed to produce active immunity to scarlet fever in Dick positive members of the staff, aggregates 36,000. This includes a final s.t.d. of 20,000. In the majority, this series of doses has converted the positive reactor into a negative one a month after the completion of the course, and subsequent tests at intervals of 6 and 12 months have shewn that the test has either remained negative, or, at most has become faintly positive.

In some probationers, however, this range of dosage has not sufficed to reverse the Dick test within a month or six weeks after the completion of the course.

DISINFECTION.

Disinfection of rooms, bedding, and personal clothing is carried out where patients have suffered from diphtheria, enteric fever, puerperal fever, tuberculosis, and smallpox, and certain other diseases such as cancer when special request is made. This action is not taken now in respect of scarlet fever, but the inspector visits and requires a thorough cleansing of the premises, including the washing of personal and bed clothing.

By an arrangement made between the Public Libraries and Public Health Committees, library books which have been in contact with cases of infectious disease are collected and taken to the Disinfecting Station at Bacchus Road, where they are subjected to disinfection in a formalin chamber. Private libraries are also offered the alternative of disinfection of their books rather than of destruction.

The following table gives details of the work done during 1928:—

Houses	disinfected	after	diphtheria							1,835
,,	,,	,,	enteric fever			•••	•••			20
,,	,,	,,	puerperal fever					• • •		33
,,	,,	,,	smallpox				•••	•••	• • •	9
,,	,,	, ,	tuberculosis	•••			• • •	• • •		2,080
,,	,,	, ,	cancer		•••	• • •		•••	•••	175
,,	,,	,,	miscellaneous of	lisease	s (by	reques	t)	•••		247
Beds dis	sinfected						• • •		• • •	14,369
Miscella	neous artic	les of	clothing and be	dding		•••				20,073
Library	books disi	nfecte	ed (July—Decen	nber)*						496

^{*}New procedure brought into effect in July, to replace destruction of library books.

VII.—MATERNITY AND CHILD WELFARE.

INFANT MORTALITY.

The Infant Mortality rates in Birmingham over a series of years are set out in the following table. It will be noted that the rate for 1928 was substantially lower than in any previous year and was as good as that of England and Wales.

INFANT MORTALITY RATE.

					Birmingham.		England and Wales.
1901-05		• • •		•••	157	•••	138
1906-10					131		117
1911-15					126	•••	110
1916-2 0					94	•••	91
1921-25	•••	•••		•••	80	•••	76
1010		10			2.4		00
1919	•••	• • •	• • •	•••	84	•••	89
192 0					83		80
1921					83		83
1922	• • •			•••	86		7 7
1923	•••			•••	72		69
1924				• • •	83		7 5
1925					78		75
1926					73		70
1927					75		69
1928					65	•••	65

DISTRIBUTION OF INFANT MORTALITY.

The appended table shows the infant mortality rate in each of the wards of the City in 1928. The average mortality in the groups of wards ten years ago is given for comparison.

	St. Pauls		71)
	St. Mary's		101
	Duddeston and Nechells		73 Average:
Central Wards:	St. Bartholomew's		89 } In 1928— 84.
	St. Martin's and Deritend		84 In 1918—132.
	Market Hall		100
	Ladywood		69 J
	i Logatta		69)
	Lozells	•••	63
		•••	57
	Washwood Heath	•••	62
Middle Dines	Saltley	•••	71
Middle Ring:	Small Heath	•••	59 Average:
	Sparkbrook	•••	56 In 1928—60.
	Balsall Heath	•••	62 In 1918—92.
	Edgbaston	•••	46
	Rotton Park	•••	75
	All Saints		46]
	C =1		7.4
	Soho	•••	74
	Sandwell	•••	68
	Handsworth	•••	34
	Perry Barr	•••	0
	Erdington North	• • • • • • • • • • • • • • • • • • • •	62
	Erdington South	•••	40
O	Yardley	•••	43 Average:
Outer Ring:	Acocks Green	•••	49 In 1928—50.
	Sparkhill		47 In 1918—69.
	Moseley and Kings Heath	• • • • • • • • • • • • • • • • • • • •	41
	Selly Oak	•••	82
	King's Norton		54
	\ Northfield	•••	46)
	` Harborne	•••	65 /

Thus the infant mortality in the central wards has decreased to the extent of 36 per cent., in the middle ring of 34 per cent., and in the outer ring of 27 per cent. of the respective rates ten years ago.

The slower fall in the outer ring may be associated with the outward movement of the population which has been a marked feature.

The distribution of the infant mortality in relation to cause of death and age at death is shown in the following table.

Infantile Mortality by Age and Cause.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.		Wee			Total under One		Month			Total Deaths under
	0	1-	2—	3-	Month.	1-	3—	6	9	One Year
Measles	_	-	_	_	_	I —	_	4	9	13
Scarlet Fever	<u> </u>	_	_	_	_	_	_	<u> </u>	-	
Whooping Cough		_	_	_	_	14	18	19	24	75
Diphtheria and Croup		_	-	_		_	_	1	1	2
Influenza	_		-	_	_	1	2		1	4
Tuberculous Meningitis	_		I —	_	_	1	2	4	3	10
Abdominal Tuberculosis		_	-	—	_	_) —	_
Other Tuberculous Diseases	1	_		-	1	1	-	5	2	9
Rickets	_	<u> </u>	_	 -	_	_		1	2	3
Syphilis	1	_	1	1	3	4		_	<u> </u>	7
Cerebro-Spinal Fever	_	<u> </u>	_	_	_	1		2		3
Meningitis (not Tuberculous)	1		_	—	1	2	4	3	1	11
Convulsions	4	3	2	1	10	2	7	4	_	23
Bronchitis	1	1	_	2	4	8	8	5	2	27
Pneumonia (all forms)	4	3	3	1	11	27	29	47	36	150
Gastritis	_	_	1	—	1	1	_	2	<u> </u>	4
Diarrhoea, Enteritis, etc	_	_	2	_	2	34	52	33	18	139
Congenital Malformations	35	12	4	6	57	20	8	2	_	87
Premature Birth	223	38	18	13	292	33	2	_	_	327
Atrophy, Debility and										
Marasmus	31	4	1	-	36	18	7	2	1	64
Atelectasis	27	_	1		28		_	-	· —	28
Injury at Birth	18	5	1	1	25	_	_	- 8	(-)	25
Neglect (under 3 months)	9	_		-	9			- 1	-	9
Suffocation (overlying)	1	3	2	2	8	8	3	1		20
Other Causes	8	7	5	3	23	5	15	15	19	77
All Causes	364	76	41	30	511	180	157	150	119	1,117
Rate per 1,000 Births	21.1	4.4	2.4	1.7	29.7	10.5	9.1	8.7	6.9	65

Taking the five years prior to 1928 (1923-1927) the neo-natal mortality, i.e., the mortality in the first four weeks of life, was 32.4 per 1,000. In 1928 it was 29.7 per 1,000, so that a notable improvement was to be observed.

In 1928 there were 595 stillbirths, while the deaths in the first week of life amounted to 364, and in the second week to 76. The next Table shows for each ward of the City the total number during the past year of babies who died within two weeks of birth.

		Death	is under Rate per	
	Ward.	2 w	reeks. 1,000 births.	
	St. Paul's St. Mary's Duddeston and Neche	1	15 20.5	
	St. Mary's	2	25 28.8	
	Duddeston and Neche	lls 2	27.7	
Central Wards	. ≺ St. Bartholomew's	1	18 21.6	> Average 27.8
	St. Martin's and Deri	tend 3	31.8	
	Market Hall	1	12 38.8	
	Ladywood	1	12 22.2 J	

Middle Ring	 }	Lozells Aston Washwood Heath Saltley Small Heath Sparkbrook Balsall Heath Edgbaston Rotton Park All Saints			13 19 21 23 8 12 14 4 19	24.9 24.3 29.6 32.0 15.1 22.4 22.9 10.1 27.5 17.1	Average 22.6
Outer Ring	 	Soho Sandwell Handsworth Perry Barr Erdington North Erdington South Yardley Acocks Green Sparkhill Moseley and King Selly Oak Kings Norton Northfield Harborne	 gs He	 ath 	14 7 6 0 18 8 15 18 14 13 10 1	39.7 29.8 20.3 ————————————————————————————————————	Average 25.6

It is clear, in the first place, that not far short of one-half of the whole infant mortality occurs within the first fortnight after birth; and in the second place that there is no very substantial difference between any of the three areas of the City in its incidence. Social circumstances are not the main factor producing this large section of the infant mortality.

In the Annual Report for 1927, it was pointed out that the death-rate in the first week of life is exceedingly high, being about four times as great as in the week giving the next highest rate. It was also pointed out that in this first week the total infant mortality was, broadly speaking, as high in the residential suburban areas as in the central working class districts.

This year the enquiry into the local distribution of the infant mortality has been carried one step further. The mortality rates from four main groups of diseases have been calculated in groups of wards and are shown in the following table. In considering the figures it should be remembered that some of the rates have necessarily been calculated on a small number of deaths and are therefore subject to rather sudden fluctuations. The figures in brackets indicate the number of deaths in the five years in question, upon which the rates have been calculated.

Annual Death-Rate Per 1,000 at Various Ages Under One Year.

INFECTIOUS DISEASES.

First week Second week Third week	 Central Wards. — — — — —	Middle Ring. ————————————————————————————————————	Outer Ring. ————————————————————————————————————	City.* — 1.2 (2)
Fourth week 1—3 months 3—6 months 6—9 months 9—12 months	 1.8 (1) 4.3 (21) 5.2 (37) 9.6 (68) 14.3 (101)	6.5 (4) 4.7 (26) 4.8 (34) 3.6 (29) 8.0 (64)	2.1 (1) 3.8 (16) 2.5 (15) 2.5 (15) 4.1 (25)	3.7 (6) 4.3 (63) 4.1 (86) 5.3 (112) 9.0 (191)
	Bronchitis An	ND PNEUMONIA.		
First week Second week Third week Fourth week 1—3 months 3—6 months 6—9 months 9—12 months	 16.2 (9) 18.2 (10) 43.6 (24) 23.8 (13) 25.9 (127) 23.3 (165) 24.4 (173) 25.7 (182)	9.6 (6) 25.8 (16) 22.8 (14) 24.4 (15) 14.5 (80) 12.0 (96) 14.1 (113) 15.3 (122)	8.3 (4) 21.1 (10) 10.6 (5) 10.6 (5) 13.7 (58) 4.7 (29) 9.3 (57) 8.0 (49)	11.4 (19) 21.9 (36) 26.3 (48) 20.2 (33) 18.2 (267) 13.7 (291) 16.2 (343) 16.7 (353)

DIARRHŒA AND ENTERITIS.

First week	 	1.8 (1)	3.2 (2)	4.2 (2)	3.0 (5)
Second week	 	7.3 (4)	3.2 (2)	8.4 (4)	6.1 (10)
Third week	 	9.1 (5)	11.4 (7)	14.9 (7)	11.6 (19)
Fourth week	 	$9.2 ilde{(5)}$	4.9 (3)	$8.5 ext{ (4)}$	8.0 (13)
1—3 months	 	$21.6 \ (106)$	$9.0 (\grave{5}0)$	4.3 (18)	$12.1 \ (177)$
3—6 months	 	26.5 (188)	9.4 (75)	7.5 (46)	14.7 (311)
6—9 months	 	14.0 (99)	5.4 (43)	3.4 (21)	7.8 (165)
9—12 months	 	8.6 (61)	3.1 (25)	2.0 (12)	4.7 (100)

PREMATURE BIRTH, DEBILITY, ETC.

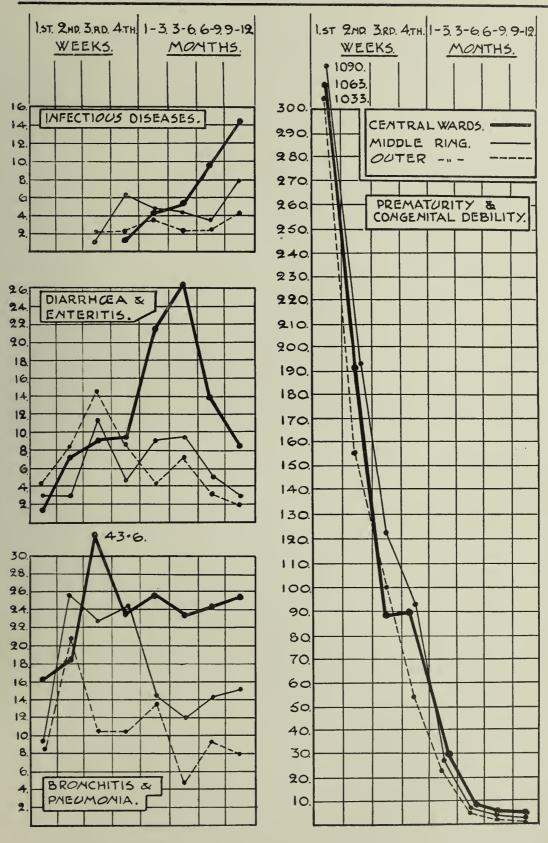
		Central Wards.	Middle Ring.	Outer Ring.	City.
First week	 	$1063 \dagger (590)$	1090†(681)	1033†(496)	1075†(1784)
Second week	 	191 (105)	193 (120)	156 (74)	181 (298)
Third week	 	89 (49)	122~(75)	100 (47)	105 (171)
Fourth week	 	90 (49)	93 (57)	55 (26)	82 (133)
1—3 months	 	30 (149)	27 (148)	23 (98)	27 (397)
3—6 months	 	8.2 (58)	6.0 (48)	5.1 (31)	$6.5 ext{ (138)}$
6—9 months	 	3.7 (26)	1.5 (12)	1.0 (6)	2.1 (45)
9—12 months	 	1.3 (9)	0.9 (7)	0.2 (1)	0.8 (18)

^{*}Including certain " not located " deaths for which no definite address could be obtained.

On the opposite page will be found a chart setting out in graphic form the death-rate among infants at various ages under one year from each of these four great grouped causes of infant deaths in the three zones of the City respectively.

[†]These death-rates per 1,000 infants under 1 year of age are explained by the fact that the deaths in the first week are calculated as rates spread over the whole year. Were this high death-rate to continue, there would be no survivors left some time before the end of the year had been reached.

DEATH RATES PER 1,000 AT AGES UNDER 1. YEAR.



From the chart the following conclusions appear justified.

- 1. General. The infant mortality from each group of causes falls most heavily on the central wards during the later months of the first year of life.
- 2. Infectious Diseases. The mortality is somewhat higher among infants in the middle ring during the 3rd and 4th weeks than among those in the central wards. At the same time the very small number of actual deaths from these diseases at such ages renders these conclusions dubious. During the later months of the first year of life the mortality is markedly higher in the central wards than in the remainder of the City, the incidence diminishing progressively as we pass from the centre to the residential periphery. The degree in which the incidence may be affected by the prevalence of infectious disease in the schools, however, renders any general conclusions open to serious error.
- 3. Bronchitis and Pneumonia. Throughout the whole of the first year of life (except in the second week) the mortality is higher in the central wards than in the middle ring, and higher in the middle than in the outer ring of the City. In all areas its tendency is to be highest during the first four weeks; but in the central wards the mortality stays elevated throughout the whole of the remainder of the first year, while in the middle or outer rings it drops rapidly after the first month of life. The environmental conditions seem therefore to be of fundamental importance in this group of causes of infant deaths.
- 4. Diarrhea and Enterits. (a) In general the mortality is much higher in the central wards than elsewhere. (b) During the first three weeks it is higher in the outer ring than in the middle ring or in the central wards. In the first and third weeks it is slightly higher in the middle ring than in the central wards. In view of the unreliability of diagnosis of enteritis in young children, it is difficult to be certain that these differences are significant: in so far as they represent a real difference in favour of the central wards it may be related to a more established habit of breast-feeding in these wards in comparison with the outer residential areas, with greater protection therefore from illness due to food contamination. (c) The highest mortality in the early weeks is in the outer and to a less extent in the middle ring, but in the later months it occurs in the central wards. This again would be explained if there were a substantial difference in practice in breast-feeding in the several areas of the City, the diarrhœal death-rate being an indication of the dangers which beset the infant at the critical stage when breast feeding is replaced by the bottle, with all the accompanying risks of contamination by dust and dirt.
- 5. Premature Birth, Congenital Debility, etc. In this, by far the largest factor in the infant mortality, there is no very substantial difference to be seen between the three zones of the City during the early weeks. So far as any difference exists during the first four weeks it is to the advantage of the central wards and adverse to the middle ring. The influence of this group of causes of death wanes very rapidly after the first month. Thereafter it is more to be observed in the central wards than in the remainder of the City. As in the last Annual Report, we again find, with the substitution of the 1924-1928 figures for the 1923—1927 figures there used, that during the earliest weeks of life there is approximately as great a chance of survival, so far as premature birth and congenital debility are concerned, in the poorest as in the more residential areas; but that thereafter environment comes into play in these as in other causes of death, in accentuating their influence on the poorest, most dusty and most dirty portions of the City.

In the next table the infant mortality in Birmingham is shown as compared with that in other great towns.

INFANT MORTALITY IN OTHER TOWNS.

(Registrar General's Figures).

				1928.
Glasgow		 	 	 107
Birminghan	1	 	 	 65
Liverpool		 	 	 92
Manchester		 	 	 90
Sheffield		 	 	 73
Leeds		 	 	 77
Bristol		 	 	 61
Edinburgh		 	 	 75

INFANTILE DIARRHŒA AND ENTERITIS.

There were 161 deaths from diarrheal disease under two years of age.

The deaths in previous years are shown in the next table.

	or more inches of
Under 2 years. per 1,000 births. or over.*	Rain.*
1916 380 18.4 14	36
1917 266 15.0 5	55
1918 311 18.5	54
1919 191 9.9 12	39
$1920 \dots \dots 237 9.5 0$	53
1921 367 16.6 27	27
1922 169 8.5 0	55
$1928 \dots \dots 207 10.9 15$	49
1924 170 9.2 2	63
1925 201 11.3 12	46
$1926 \dots \dots 201 11.2 13$	36
1927 198 11.5	50
1928 161 9.3	30

^{*}In the third quarter of the year.

The diarrhea rates in different areas in 1928 were as follows:-

Central Wards	 	17.7 per	1,000 births.
Middle Ring	 	6.7	,,
Outer Ring	 	4.3	,,
City	 • • •	9.3	,,

The 1928 figure is the lowest ever recorded and in spite of a hot dry summer. The deaths in the Central Wards necessarily predominate.

STILLBIRTHS.

There were 595 stillbirths reported against 521 in 1927. They were distributed over the groups of wards as shown below:—

Proportion of Stillbirths to 1,000 Births.

		Macerated.	Non-macerated.	Not stated.	Total.
Central Wards	 	6.3	18.6	7.8	32.7
Middle Ring	 	8.2	16.7	9.2	34.1
Outer Ring	 	8.5	16.1	9.3	33.9

Thus, as in the case of deaths during the earliest weeks of life from premature birth or from congenital debility, so in the case of deaths occurring before birth, differences in social circumstances as represented by the differences between the three zones of the City are not at any rate the main factor in causation.

CHILD MORTALITY 1 TO 5 YEARS.

The deaths of children between 1 and 5 years old numbered 430, against 589 in 1927 and 570 in 1926.

The causes of death were as set out below. For comparative purposes the rates at the time of the most recent Census, namely, 1920-1922 are added. It will be noted that the death-rate last year was only half as high as the mean of the three years given for comparison; also that Respiratory Diseases, either alone or as a consequence of Measles and Whooping Cough account for a large part of the mortality.

*			Deaths in 1928.	Death-rate per 1.000 1928.	Average death-rate 1920-22.
Measles	•••		25	0.39	1.32
Whooping Cough	•••		84	1.30	1.74
Diphtheria	•••		24	0.37	0.87
Scarlet Fever	• • •		3	0.05	0.50
Tuberculosis	***		34	0.53	0.96
Bronchitis and Pneu	monia		111	1.72	4.32
Diarrhœa and Enteri	tis		30	0.47	0.73
Burns	•••		12	0.19	0.28
All other causes	• • •	• • •	107	1.66	2.38
			430	6.67	13.13

AN ENQUIRY INTO DEATHS FROM PNEUMONIA IN CHILDREN UNDER FIVE YEARS, 1928.

(Report by Dr. Ethel Cassie).

Introduction.

Since pneumonia plays a large part in infant and child mortality, it was felt that a careful enquiry into every case might reveal some facts of interest. The enquiry was made under medical direction, and home visits were paid, in every case, by a member of the staff, who is not only fully trained, but has had a wide experience of child welfare work and health visiting.

The total number of pneumonia deaths in children under five years, during 1928, was 255. In 12 cases, the family had left the district, and in three, the homes were considered too good to visit. These three families were the only ones in which the family income would be above £5 per week, i.e., in 1 per cent. of the total cases. This emphasises the fact, already realised from clinical experience, that the common type of pneumonia seen in young children is dependent to a great extent on environmental conditions.

Table I.

Group 1. Under one Month—15 deaths or 6 per cent.

Age Group.		No.	Type of Labour.				
1st week		6	Normal		•••		13
2nd week		4	Precipitate				1
3rd week		2	Prolonged				1
4th week		$\bar{3}$	- roionged iii	•••	•••	•••	1
m . (Cl 2)							
Type of Child.			How long ill.				
Healthy		4	1— 5 days				12
Feeble		7	5—10 days				2
Moderately healthy		4	10—15 days				1
Premature		0	•				
Full time		15					
Suggestive of:			Diet.				
•							
Pneumonia alone	• • •	8	Breast fed	• • •			14
,, and Birth Injury		2	Artificially fed				1
,, Whooping Cough		2					
,, Congenital Debility		2					
,, Icterus Neonatorum		1					
Parents' Health.			Deaths in Quarte	rs.			
Father. Healthy		11	1st Quarter				5
Chronic ill-health	• • •	$\frac{1}{2}$	2nd				$\overset{\circ}{2}$
Tuberculosis		$ar{2}$	2 rd ''				$ ilde{2}$
Tuber curo.ns ***	•••	~	1+h	•••	•••	• • •	$\tilde{6}$
			±tii ,,	•••	•••	•••	U
Mother. Healthy		11					
Chronic ill-health		4					

These cases represent only a small percentage of the total. The question arises in how many was death really due to pneumonia, and similarly how many pneumonia deaths at this period are otherwise classified. It is notoriously difficult to make a certain diagnosis of pneumonia in these young infants, though recent research emphasises the frequency of the condition. Probably this figure is an under estimate, but nevertheless, in no less than seven cases, pneumonia may have been the terminal event only. In two cases there was some suggestion of birth injury; in two cases, whooping cough was affecting the home, while three of the children were feeble, one suffering from icterus neonatorum. All the children were born at term, and 14 were breast fed. In two cases, the father had pulmonary tuberculosis.

This group undoubtedly presents problems other than those which arise at a later age. There is, however, one feature in this group which appears in common with the remainder—the high percentage of unhealthy parents.

TABLE II.

		Gro	oup 2.	Gro	oup 3.	Gro	oup 4.	Gro	oup 5.	To	tal.
Age at Death		1	6 mos.	6—1	2 mos.	1	2 yrs.	2-	5 yrs.		
No. of Deaths Percentage of Total			51 1%		76 1%	2	62 5%		36 5%	2	25
		No.	%	No.	%	No.	%	No.	%	No.	%
TYPE.		00	50.0	90	51.0	01	00.0	10	00.0	101	
Healthy	••••	29 12	56.9 23.5	39 6	51.3 7.9	21 7	33.9 11.3	12	33.3	101	44.9
Feeble	*****	$\begin{vmatrix} 12\\10 \end{vmatrix}$	19.6	41	40.8	34	54.8	$\begin{vmatrix} 2\\22 \end{vmatrix}$	5.6	27	12.0
Ailing LENGTH OF ILLNESS.	*****	10	19.0	41	40.0	34	34.8	ZZ	61.1	97	43.1
Under 1 week		25	49.0	18	23.7	17	27.4	15	41.7	75	00 0
1 0 1	****	$\frac{20}{20}$	39.2	29	38.1	27	43.5	8	$\frac{41.7}{22.2}$	75	33.3
1—2 weeks 2—3 weeks	••	1	1.9	12	15.8	6	9.7	3	8.3	22	37.3 9.8
3—4 weeks	*****	3	5.8	11	14.5	3	4.8	1	$\frac{8.3}{2.8}$	18	8.0
Over four weeks	*****	$\begin{vmatrix} & 3 \\ 2 & \end{vmatrix}$	3.9	6	7.9	9	14.5	9	$\frac{2.8}{25.0}$	26	11.5
Previous Health.	••••	_	0.0		1.0		17.0	3	23.0	20	11.5
Repeated Catarrh		5	9.8	5	6.6	14	22.6	17	47.2	41	18.2
Repeated Bronchitis		9	17.6	34	44.7	29	46.8	23	63.9	95	42.2
Severe Rickets			_	2	2.6	3	4.8	3	8.3	8	3.1
PREVIOUS PNEUMONIA				_	2.0		7.0	3	0.0	0	3,1
1 attack	•	1	1.9	5	6.6	8	12.2	13	36.1	27	12.0
2 attacks		_	_	_	_	4	6.4	4	11.1	8	3.1
3 attacks			_	l				2	5.5		0.8
4 attacks		_		l		1	1.6			1 1	0.4
Home Surroundings.						1	1.0			1 1	0.4
Conducive to Rick											
(Type of House, d											
fresh air and lig		31	60.8	44	57.0	36	58.0	22	61.0	133	56.6
Back-to-back house		6	11.7	10	13.2	16	25.7	7	19.4	39	17.3
Overcrowding. (One								1	10.1		17.0
room, four or m		1									
persons)		Not	noted	28	36.8	25	40.3	14	38.9	_	
DIET.											
Under 1 year.											
Breast Fed		26	51.0	28	36.7					54	42.5
Breast and Artific											
Fed	••••	9	17.6	13	17.1					22	17.0
Artificially Fed		16	31.4	35	46.1					51	40.1
Over 1 year.											
Ordinary (defective	ve)					32	51.6	12	33.3	44	44.9
Extremely deficie						17	27.4	15	41.6	32	32.6
Good	****					13	20.9	9	25.0	22	22.4
MANAGEMENT										12	
Good		19	37.2	22	28.9	20	32.2	13	36.1	74	32.9
Bad		32	62.7	54	71.0	42	67.7	23	63.9	151	67.1
Extreme Poverty		10	19.6	10	13.1	11	17.7	5	13.9	36	11.1

Group II. Ages 1 to 6 Months. 51 Cases or 21%.

The congenital conditions continue to affect children in this group. Twelve (23%) were feeble infants, 6 of whom (11%) were premature. Ten were ailing infants in whom pneumonia was probably a terminal event, leaving 29 (56%) healthy children. This is much what one would expect.

The rapid progress to a fatal termination is shown by 45 of the 51 children dying after less than 14 days of acute illness; 49% died within a week. This is characteristic of all the groups to a varying extent.

It is interesting to consider how early a tendency to catarrh manifests itself. Among these 51 children, five or 9.8% were said to have had frequent catarrhal attacks, and 9 or 17.6% had had several attacks of bronchitis. This must be considered a high percentage.

A careful enquiry was made as to conditions conducive to rickets—housing, diet, fresh air and light all being taken into consideration—and such conditions were considered to exist in 31 cases or 60%.

Breast-feeding had been practised in 26 cases or 50%, and while in 32 cases (62%) there was general bad management, there was acute poverty in only 10 cases or 19%.

Group III. Ages 6 to 12 Months. 76 Cases or 31%.

In this group, one notes a very definite preponderance of deaths in the eighth month. It is the largest group, and in it 41 or 40% of the children were classed as "ailing." They were not feeble, but constantly having an illness of one kind or another. One notes with this that 34 or 44% suffered from repeated attacks of bronchitis, a point which emphasises the protracted and recurrent character of lung infections in young children. In this group the terminal illness is becoming more protracted, only 23% dying within a week. In 44 or 57% of the cases the home conditions were conducive to rickets. In 71% there was bad management, with acute poverty in 13%. The preponderance of bad home conditions is further emphasised by the notes on diet. In 28 cases the diet was the ordinary, somewhat defective, diet of the toddler in the poor home. In 35 cases or 46%, the diet was so defective as to amount to serious underfeeding, and in only 13 or 17% was the diet satisfactory.

GROUP IV. Ages 1 to 2 Years. 62 Cases or 25%.

The majority of deaths in this group occurred from the 12th to the 14th months (50%) and here again, 34 (54%) were ailing children, while 14 (22%) were classed as suffering from repeated catarrhs, and 29 (46%) from repeated attacks of bronchitis. The influence of bad surroundings remains marked, 58% living under conditions conducive to rickets, but the dietetic deficiencies are not so marked, only 6 (or 9%) having been classed as being seriously underfed.

GROUP V. AGES 2 TO 5 YEARS. 36 CASES OR 15%.

The increasing resistance to pulmonary disease is brought out by the low proportion in this group, although the period covered is so much greater. It will be seen that the percentage of cases occurring in the 3rd year is 7% as compared with 25% in the 2nd year and 55% in the first (excluding the first month). In the 4th year the cases were only 5.5%, and in the fifth year the percentage had fallen to 1.5%. In this group again there is a high percentage of ailing children (61%) and a high incidence of recurrent bronchitis and catarrh. The fatal attack was a second attack in 13 cases, and a third attack in four, and a fourth attack in two. In 52% of these older children then, there was a definite history of previous attacks of pneumonia, in addition to repeated attacks of bronchitis (64%) and catarrhs (47%). In 22 (61%), the home conditions were bad, but in only two cases was the diet very insufficient.

Considering all the groups together (Table II.) certain definite facts emerge. The most dangerous age period for pneumonia is from one to 14 months. The increasing percentage of ailing children among the older groups, with a high percentage for recurring pneumonia and bronchitis, appears to emphasise the probability of infection at a very early age, and its continuance with quiescent periods till either a fatal attack supervenes, or the child is restored to health. Clinical observations confirm this aspect of pneumonia in young children, which is commonly of the broncho-pneumonic type peculiar to the age period.

It will be noted that in 56% of the cases the home surroundings were definitely bad, but there was not much severe rickets. The very defective diet in a high percentage of the cases suggests not only a deficiency in the quantitative nutritional factors but also a vitamin deficiency, and in this relation, Mellanby's recent work on vitamin "A" and its association with resistance to infection cannot be ignored. It will be noted that the number of cases where the home management was bad is in excess of those in which the surroundings and diet were defective, though it includes these. This shows the continued need for educational effort.

TABLE III.

	1	1			1
	GROUP 2.	GROUP 3.	GROUP 4.	GROUP 5.	TOTAL.
PARENTS' HEALTH.	No. %	No. %	No. %	No. %	No. %
FATHER: Healthy Chronic ill-health T.B Chr. Bronchitis	43 86.3 4 7.8 2 3.9 2 3.9	55 76.3 6 7.9 8 10.5 7 9.2	38 61.3 9 10.4 3 4.8 12 19.3	23 63.8 4 11.1 2 5.5 7 19.4	159 70.7 23 10.2 15 6.7 28 12.0
MOTHER: Healthy Chronic ill-health T.B Chr. Bronchitis	37 70.6 5 9.8 3 5.8 6 11.8	56 73.7 9 11.8 4 5.1 7 9.2	46 74.2 7 11.3 2 3.2 7 11.3	26 72.2 3 8.3 3 8.3 4 11.1	165 73.3 24 9.2 12 5.2 24 9.2
T.B. Contacts		4 5.2		3 8.6	7 3.1
Complicating Illness. Whooping Cough Measles	5 — — — 2 — 1 — 2 — 1 —	7 - 2	5 — 1 — — — — — — —		28 12.4
TREATED IN HOSPITAL Late Admissions im. Home Treatment (including early medical attention, diet and nursing).	28 54.9 9 17.6	34 44.7 9 11.8	34 54.8 9 14.5	27 75.0 3 8.6	123 54.2 30 13.3
Adequate Inadequate	20 39.2 31 60.8	30 39.5 46 60.5	22 35.5 40 64.5	17 47.3 19 52.7	89 39.6 136 60.4

This table shows several interesting points of which the most important is the extremely high percentage of tuberculosis among the parents: 6% of the fathers had pulmonary tuberculosis and 5% of the mothers, giving a total of 11% among the parents. In addition, there were 3% of cases in which the child was in contact with a case of pulmonary tuberculosis apart from the parents. The amount of pulmonary tuberculosis in the adult population of Birmingham is in the neighbourhood of 1%, and in a random sample of 500 working class families 2 per cent.; and when this figure is contrasted with the 14% contacts in these pneumonia deaths, one is forced to consider the possibility of a proportion of these cases being tuberculous broncho-pneumonia. At the same time, it must be recognised that in these homes there is frequently a greater degree of poverty, and where the mother is affected, her poor health must react on the management of the home. In this connection, the high percentage of chronic bronchitis among the parents must not be overlooked, no less than 21% of the cases having one or other parent affected. The question of whether a proportion of these cases are chronic pulmonary tuberculosis undoubtedly arises. The extremely low resistance to tuberculosis in infancy is clearly recognised, while the difficulty of diagnosis before death is extreme; frequently a post mortem alone can give any certainty. At the same time, the occurrence of pulmonary tuberculosis in young infants apart from direct human infection is rare.

The prevalence of chronic ill-health (including chronic bronchitis) among the parents in the households of pneumonia cases varied from 16 to 22%; this may be contrasted with the corresponding rates in 500 working-class families taken at random, where the incidence of chronic ill-health was 12%. Evidently a pronounced prominence of chronic ill-health in the parents is to be found in the households in which pneumonia occurred.

The complicating illnesses suggest that in a certain number of the cases pneumonia was simply the terminal event. A majority of the cases, over 54%, were finally admitted to hospital, but of the 123 admitted, 30 died within 48 hours of admission.

In the group placed under "home treatment," all those who went to hospital within a week of the onset, are excluded. By inadequate treatment is meant delay in obtaining medical assistance, very defective home nursing and diet. It will be seen that 135 (or 60.5%) received inadequate treatment.

Total	Under 1 month.	1—6 months. 51	6—12 months. 76	1—2 years. 62	2—5 years. 36	Total.	Mean Temp.	Hours of Sunlight.
1st Quarter	5 33.3%	17 25.5%	40 52.6%	22 38.6%	30.5%	90 40%	41.8°	170.4
2nd Quarter	13.3%	12 25.5 %	17 25.0%	21 32.2%	25.0%	57 25%	51.1°	422.5
3rd Quarter	13.3%	11 23.2%	9.2%	11 14.5%	7 16.6%	36 16%	58.1°	583.4
4th Quarter	6 40.0%	11 25.5%	12	8 14.5%	11 27.8%	42 18%	44.0°	182.7

TABLE IV. DEATHS IN EACH QUARTER OF THE YEAR.

The highest seasonal incidence of the deaths from pneumonia in the first quarter, the coldest time of the year with the least sunshine. The death-rate in the 2nd quarter however, is higher than in the 4th, in spite of a much higher temperature and more sunshine. The most marked seasonal difference is seen from 6-12 months, when 40 of the 76 children died in the first quarter. This suggests that rickets plays a part, since this is the age of its highest incidence, though it may escape diagnosis till a later age, when the deformities are noticed.

Conclusion.

The importance of the environmental factor in the pneumonias of childhood is well brought The recurrent character of the condition, and its association with a catarrhal and bronchitic tendency emphasises the importance of prolonged convalescent treatment, and measures calculated to increase resistance to such infections. The danger to young children in homes where there is pulmonary tuberculosis, is well known, but the high incidence of bad health in the parents of this group, calls for consideration. There can be no question that treatment is only too frequently quite inadequate, and the provision of beds for these cases is required. Even when beds are available, the children are sent home directly the acute stage is past, and the likelihood of recurrence and of a supervening chronicity is thereby increased.

MATERNITY AND CHILD WELFARE SCHEME.

(Report by Dr. Ethel Cassie, Assistant Medical Officer of Health for Maternity and Child Welfare).

CHILD WELFARE CENTRES.

There are now 26 Child Welfare Centres, the 26th Centre being a Weighing Centre in Hall Green, conducted by a Voluntary Committee. It is proposed to open very shortly a fully staffed Centre in a cottage in this district pending replacement by a new Municipal Centre in Acocks Green. The two large housing estates in this district are in urgent need of a suitable Child Welfare Centre. Similarly, the small Centre opened last year in the Wesleyan Chapel, Wheelwright Road, Tyburn, will shortly be replaced by a new Municipal Centre in Tyburn Road, Bromford. Here there are three large housing estates to be served. The need for other such Centres is obvious, and is being taken into consideration.

Details of the work of the Centres are given in the table on page 105. The table given below, shows the attendance of children at the Centres in different districts, in two age groups (children born in 1924, 1925 and 1926 and children born in 1927 and 1928), and also the attendance of the expectant mothers with the percentage attendance based on the births in the area.

ATTENDANCES AT CENTRES.

No. of Children in Areas and No. attending Centre in Year Groups.

	Children	born in	1924-26.		C	hildren born	in 1927-28.	19 Ante na	28. tal cases
		Number	Number		Number	Number		atten	
	Centres.	in Area.		Percentage.	in Area.		Percentage.		rcentage.*
1.	Aston St.	1525	495	$\frac{32}{10}$	1196	741	62	312	50
2.	Bloomsbury St.	2339	438	19	1653	833	50	542	65
	Bromford	562	82	15	410	198	48	107	59
4.	Carnegie	2171	944	44	1613	1426	88	464	56
5.	Erdington	740	317	43	616	442	72	156	46
6.	Floodgate St.	1107	167	15	762	441	58	266	71
7.	Greet	1948	420	22	1564	788	50	408	47
8.	Hope Street	2237	415	19	1697	817	48	216	24
9.	Handsworth	1006	264	26	828	486	59	138	32
10.	Hay Mills	1978	387	20	1292	714	55	298	45
11.	Irving Street	1345	356	26	990	580	58	122	24
12.	Kings Heath	1756	320	18	1121	588	52	205	36
13.	Lichfield Road	2292	752	33	1905	1228	65	485	50
14.	Landsdowne St.	1742	365	21	1241	633	51	203	31
15.	Northfield	197	86	44	333	211	63	68	40
16.	Perry Common	923	289	31	515	344	67	155	64
	Smith Street	2319	488	21	1652	856	52	455	51
	Selly Oak	881	129	15	683	279	41	79	23
	Stratford Rd.	1985	375	19	1541	829	54	229	28
20.	Stirchley	1032	249	24	752	457	61	162	46
21.	Trinity Road	1008	364	36	801	677	85	196	$4\overline{5}$
22.	St. Vincent St.	1826	351	19	1256	694	55	125	19
23.	Washwood Hth	. 2435	567	23	1746	892	51	356	39
	Wright St.	2050	557	27	1617	853	53	291	34
	Harborne	377	200	53	293	248	85	60	39
	-			_					_
		37781	9377	25	28077	16255	58	6098	42
	-			_			_		_

*Percentage of mothers attending the Ante-natal Clinics, based on the total births in the area, of a social class suitable for attendance at a Welfare Centre and for home visiting.

It will be seen that there is no clear-cut relation between the character of the area and the percentage attendance of the children. Obviously there are numerous factors affecting the attendance at any given Centre. Apart from this, the table indicates what may be fairly regarded as a good level of attendance of the younger children and a proportionately rather less complete attendance of the older ones.

The percentage attendance of ante-natal cases is on the whole very good, the best results being obtained in Floodgate Street and Bloomsbury Street areas—71% and 65% respectively. The low percentage in the Irving Street, Hope Street, St. Vincent Street and Selly Oak areas, is due to the proximity of the Queen's Hospital and Selly Oak Hospital, both of which have large antenatal clinics. There has been a large increase in this work, the necessary extension of which was foreshadowed last year.

THE "WALKER" MOTHERCRAFT SHIELD COMPETITION.

The "Walker" Shield given by Mrs. Sydney Walker for annual competition among the Birmingham Welfare Centres, was won for 1927, by the Carnegie Institute, and was presented by Mrs. Walker on March 7th, 1928.

It was decided to alter the period of the competition for 1928, and to arrange for the Shield to be presented in April, 1929, the period being from March, 1928, to March, 1929. The details of the competition will be reported next year.

VOLUNTARY COMMITTEES.

The majority of the Child Welfare Centres have the assistance of voluntary workers, and at the following Centres, Voluntary Committees have been formed:—

Aston Street.
Carnegie Institute.
Erdington.
Floodgate Street.
Greet.
Handsworth.
Hope Street.

Kings Heath.
Lichfield Road.
Northfield.
St. Vincent Street.
Selly Oak.
Stirchley.
Stratford Road.

This assistance is much appreciated and is of the greatest value to the Centres. In fact, at some of the Centres it would be almost impossible to carry out the work satisfactorily without such co-operation. Voluntary workers undertake the clerical work, assist generally in the work of the Centre, and in addition collect funds to help necessitous cases and organise social meetings for the mothers.

A proportion of the Centres have Mothers' Committees, viz.:-

Bloomsbury Street. Carnegie Institute. Erdington. Handsworth. Hay Mills. Hope Street. Irving Street. Perry Common. St. Vincent Street. Stirchley. Stratford Road. Trinity Road. Wright Street.

These Committees give active help in many directions.

Fathers' Committees have been formed at four Centres, viz. :-

Hope Street. Irving Street. Lansdowne Street. Trinity Road.

The help of the fathers is always welcomed, and it is hoped to increase their co-operation in the work of the Centres. Many have taken a great interest in the "Walker" Shield Competition, and a very fine exhibition of fathers' work has been arranged on each occasion.

THE CARNEGIE INFANT WELFARE INSTITUTE.

During the year 1928, the work of the Carnegie Institute, whilst adhering to the lines followed in former years, has continued to expand in volume and variety. The work falls into three categories:—

- (1) The Child Welfare Centre.
- (2) The Special Clinics.
- (3) The Observation Ward.

1. The Cirld Welfare Centre.

P

The Institute is now serving a very large area with a child population under five years of 3,793. The percentage attendance of these children at the Centre during the year was 62%. Of the children born in 1927 and 1928, 88% attended. These figures can be regarded as very satisfactory, considering the type of area. The total attendances at the Centre remain the highest in the City, showing a satisfactory regularity of attendance. During the year, the Infant Consultations were increased from four to five per week; the Ante-natal Clinics still number two per week.

Consultations.	No.		Children Mothers		234 96	
Attendances—						
Infants under 1 year		•••	Seen by Doctor Seen by Nurse			9,604
Children 1—5 years	•••	•••	Seen by Doctor Seen by Nurse		3,801}	7,168
			been by warse	•••	Total	16,772
Mothers—ante-natal			No. seen		482	
			Attendances		1,155	
post natal			No seen		55	
A		1	Attendances	• • •	80	

Average attendance per clinic—13 mothers.

MATERNITY AND CHILD WELFARE CENTRES—YEAR 1928.*

				103					
	Total.	16561 16186	256026 272212	2796 3893 6689	3102 15035 155605 71103	1304	6098 614 15803	13596 2601 40514	
	Wright St.	995 975	13439 15318 256026 14453 16293 272212	215 279 494	148 767 74671 4546	48	291 6 651	600	
	Washwood Heath Rd.	969	13439 14453	214 173 387	196 806 8930 3694	96	356 70 955	228 1056	
	Trinity Road.	531 574		56 57 113		48	196 41 626	678 —	
	Stratiord Rd.	1104	13633 6300 14646 6874	102 124 226	194 129 693 484 75895808 3481 2991	48	229 10 565	380 634 1709	
	Stirchley	365	6615 7040	57 49 106	98 404 4860 2279	48	162 44 613	678 558 2208	
	Smith St.	877 1001	17065 18066	72 199 271	146 680 8214 3153	100	455 29 1083	734 570 1293	
	Selly Oak.	389	4825 5166	41 67 108	50 184 2251 1356	23	79	530	
	St. Vincent St.	706 721	14668 15389	89	146 540 5632 2717	48	125 41 431	87 69 1428	
	Руре Науеѕ.	243 225	3762 3987	36 41	50 289 2417 1080	23	107 10 272	104	
	Ретгу Соттоп.	365	6766 7165	111 191 302	98 341 3946 2222	48	155 21 559	410	
0	Northfield,	164	2431 2584	16 48 64	48 133 1551 1210	23	68 5 197	236 138 317	
1 EAK 1370	Lichfield Rd.	998	14140 15082	142 103 245	192 1064 12987 5021	50	485 90 1053	497	
	Lansdowne St.	767	9455 11509 10123 12227	237 308 545	147 551 7228 3580	50	203 22 531	545 2854	
CENIK	King's Heath.	899	9455	66 63 129	98 602 4605 1818	50	205 2 491	452 1233	2/00.
LFAKE	Irving St.	585 573	11089 11662	167 190 357	98 448 4240 2232	16	122 3 202	523 1109	*E0 ***
ודם יייב	Hope St.	874 920	16211 17131	134 148 282	104 663 5679 2317	48	216 6 497	515 1153	
MAIRKNIIY AND CHILD WELFAKE CENIKES-	Hay Mills.	725	11748 12506	101 268 369	145 703 7367 3405	50	298 20 686	1415	
XIIV	Harborne.	220	3943 4143	66 156 222	96 196 3373 1683	21	60 13 179	305	
MAILE	Handsworth.	491		102 17 119	98 439 6321 2153	50	138 20 411	768	
	Greet.	887 865	11416 7842 12281 8303	195 197 392	98 752 5466 2611	81	408 43 1283	766	
	Floodgate St.		7706 8141	65 80 145	99 385 3969 1366	48	266 6 606	694 143 953	
	Frdington,	388 327	3160 3487	30	98 347 5386 2441	48	156 33 598	520	
	Carnegie Institute.	1142 988	15590 15710 16440 16698	207 366 573	234 2227 16754 7336	95	464 53 1203	654 431 6993	
	Bloomsbury St.	879 850	15590 16440	131 353 484	146 671 6147 2674	96	542 15 1154	562	
	Aston St.	737	11687 12325	184 303 487	146 666 7418 3738	48	312 9 723	819 58 3827	
		Infants and Children:— Births (and stillbirths) reported Primary visits		Mothers:— Primary visits Re-visits Total visits & re-visits	Children's Consultations: Number held Fresh children attend'g Total attendances Number seen by Doctor	Mothers' Consultations: Number held	Ante-Natal Post-Natal Total attendances	Attendance at:— Sewing classes Cookery classes Health Talks	
									.1

105

*52 weeks.

There were not many notable abnormalities in the cases seen at the Ante-natal Clinic during 1928, but the following may be mentioned:—

(1) Abnormal Pelvic Measurements.

(a) Flat Pelvis	(a)	riat r	- ervis
-----------------	-----	--------	---------

(1) E	xt. Conjugate	7-in. or over						33 cases.
(2) E	xt. Conjugate	under 7-in.						8 ,,
(3) P	elves which w	vere flat but not	contra	cted	•••	• • •	•••	8 ,,
C 11	D + D + '							

(b) Small Round Pelvis.

(1) Ext. Conjugate 7-in. or over	•••			• • •		46 cases
(2) Ext. Conjugate under 7-in.						$\frac{14}{2}$,,
(3) Pelves which were "round" b	out not	contra	.cted	•••	•••	6 ,,
T . M. I. D. I.						4.57

(c) Justo Major Pelvis 47 ,,

This gives a percentage of 9.75 cases with pelvic measurements above normal in the 482 new ante-natal cases, and bears out the comment made in the corresponding report on the 1926 figures of the larger number of women with pelves above the average size in these days of more hygienic habits and dress.

(2) Other Abnormalities.

Breech presentation							3	
Retroverted gravid uterus							3	
Threatened abortion					•••		6	
Abortion inevitable, becau	se of	retrove	ersion	• • •	• • •	• • •	1	
Albuminuria		•••	•••	•••	•••	•••	5	
Œdema without albuminui		•••	•••	• • •	•••	•••	2	
Carcinoma of breast in pr	egnan	cy		ootin o			1	
Severe chorea with mitral						ancy	1	
Less severe chorea complicating			•	•••	•••	•••	1	
Heart Disease	pregi	lancy					9	
Title and the Constraint			•••				ĭ	
Ovarian cyst							$\bar{1}$	
Cases seeking advice re st							8	
Wasserman reaction						• • •	5 (1 pos	sitive)

Every effort is made to ascertain the result of the labour; so far as is known, two cases ended in stillbirths.

EDUCATIONAL WORK.

The educational work has been carried out by the staff, with the same energy and enthusiasm as in former years.

This work comprises:-

- (1) Health Talks.
- (2) Classes.
- (3) Evening Lectures.
- (4) Baby Week.

(1) Health Talks.

These are held in the waiting hall every afternoon, while the Infant Consultations are in progress. A syllabus was drawn up of Health Talks for the year, so that mothers who attended regularly during 1928, should have acquired a fair notion of the elements of Infant Hygiene.

During 1928 there were given 417 Health Talks, with a total attendance of 6,869.

(2) Classes.

Every week, except during holidays, a class is held in the class-room, in Mothercraft, Sewing and Cookery.

The Mothercraft Classes in 1928 numbered 44, with a total attendance of 538, and an average attendance of 12.

The Sewing Classes numbered 42, with a total attendance of 669, and an average attendance of 16.

The Cookery Classes numbered 23, with a total attendance of 254, and an average attendance of 11.

During the latter part of the year, the Cookery Class was temporarily given up, and replaced by a series of talks on Housewifery, given by an expert in that subject.

The classes on Housewifery numbered 13 with a total attendance of 218, and an average attendance of 16.

(3) Evening Lectures.

In 1927, many fathers of children attending the Centre had shown great willingness to contribute specimens of their handicraft to the "Fathers' Work" stall of the Baby Week Exhibition, and in many other ways, fathers had shown interest in the work of the Centre. It was therefore, decided this year to make a special effort to encourage and interest the fathers. To this end, four lectures were arranged and held during March at 8 p.m., on subjects of particular interest to men, namely, Photography, Gardening and Handicrafts.

Although these lectures were much advertised and personal invitations were given by the staff, and by the Mothers' Committee to as many men as possible, the attendance was disappointingly small. The lectures were so excellent and the few men present showed so much keenness, that it was particularly regrettable that the audiences were so poor.

(4) Baby Week.

The Baby Week Exhibition was held in June. It was mainly an exhibition of parents' work.

The Living Pictures or Clock-work Figures, acted by the mothers, which formed such an entertaining and educational part of the 1927 Exhibition, were repeated this year with one or two amendments. The hall was packed with visitors on each day of the Exhibition.

11. Special Clinics.

(1) The Dental Clinic.

Continuous educational work is now taking effect, and the parents are commencing to realise the importance of a clean mouth. The former prejudice against having teeth removed during pregnancy, has largely disappeared.

No. of Clinics						236
Mothers attending		•••				3,937
Children attending	•••	•••	•••	• • •	• • •	1,281
Total attendance						5,218
zotti attendance	•••	•••	••	•••	0,210	
Average attenda	nce					22

(2) Remedial Exercise Clinic.

During 1928, the number of these clinics held was 48, the total attendances 594, and the average attendance at each clinic 12. The number of children who attended the Clinic in 1928 was 145 and the average attendance on the part of each child was 4. While this is not a high average attendance per child, it is all that can be allowed. It has to be remembered that, as the Carnegie Institute has so far been the only Centre providing a remedial exercise clinic, children have been sent to it from every part of the City; and in many cases their attendance involves a long journey, and considerable expenditure of time and money. Further, 12 children—the average number at each clinic—is as many as can be adequately dealt with at a clinic of this sort, where each child requires much individual attention, and much time has to be devoted to seeing that each individual mother has fully grasped the exercises which the child has to do.

Miss West, the fully qualified masseuse and remedial gymnast in charge of the clinic (which is also under the supervision of one of the assistant Medical Officers), teaches each child two or three exercises suitable to the condition for which he or she has been sent to the clinic; she also fully explains the exercises to the child's mother, and emphasises the necessity for the child to carry them out daily.

A printed list of exercises for different defects has been prepared for the use of all the Birmingham Welfare Centres, and on this printed slip the exercises which any particular child has to do are marked, and the paper given to the mother to take home as a reminder. An appointment is then made for the mother to return to the Clinic in two or three weeks' time, to show what progress the child is making, to see whether he is doing the exercises properly, and to teach him further exercises if necessary.

If the child comes from a considerable distance the exercises are supervised at the nearest Welfare Centre.

The 145 children who attended the Clinic in 1928 were treated and instructed in remedial exercises for the following conditions:—

Knock-knee and flat foo	ot .	 	 •••	35
Flat foot		 	 	11
Bow-legs and flat foot		 	 	7
Knock knee		 	 • • •	9
Bow-legs		 	 •••	21
Faulty posture		 	 	26
Defective chest expansio	n .	 • • •	 	12
Constipation		 	 	13
Other conditions		 	 	11

The results of treatment are necessarily slow. In a great many cases, however, where the child is intelligent and the mother painstaking, great, and sometimes striking, improvement has been produced.

A Drill Class is now held one afternoon a week, for children suffering from bad posture, round shoulders, etc.

(3) Light Treatment Clinic. No. held 145.

Attendances 7,314. Average attendance 50.

Details of the work are included with those of the other Light Treatment Clinics.

(4) X-ray Clinic. No. held 45.

Attendances 715. Average attendance 16.

0

This clinic plays an important part both from the point of view of diagnosis and research.

Radiographs have been used in relation to the treatment of rickets with Ultra-violet Light, such treatment being continued until the bones are normal in the photograph. Radiographs have been used too, as a means of diagnosis in cases of pyloric obstruction in infants, in joint affections, in lung conditions, and in relation to congenital heart defects.

An enquiry, which is still proceeding, has been made as to the radiographic appearance of the lungs in children subsequent to attacks of pneumonia and broncho-pneumonia, and as to the period of persistence of such changes.

Cucas	Da	lingun	6 h a . 1
Cases	Ruu	uogra	pnea.

Rickets	 	 	 447
Lung Conditions	 	 	 189
Stomach Conditions	 	 	 19
Other Conditions	 	 	 60

(5) Test-feed Clinic.

No. held 46.

Attendances 319.

Average attendance 7.

While the average attendance may appear low, it provides sufficient work for the one nurse who can be spared for this duty. The clinic is of immense value in regulating breast feeding, and has over and over again demonstrated its usefulness in individual cases. It also serves for training pupil Health Visitors in test-feed methods, and forms a valuable means of educating mothers in infant care. The mothers attend with their babies from 9.30 a.m. to 5 p.m. A hot meal is provided for those coming from a distance. Three test-feeds are carried out, and the children are seen by a medical officer, who gives the necessary advice supplementing the teaching by the nurse in charge.

III. THE OBSERVATION WARD.

No. of beds—10 cots, 1 adult bed.

Cases admitted-

Children 111 Mothers 13

The primary purpose of the Ward is the investigation of cases of chronic ill-health in infants and young children. In many cases, careful and prolonged observation is required to establish a diagnosis, or to test a method of treatment. The results obtained have been excellent in relation to the children themselves, while the educational value of the ward is considerable. The investigation of cases of anæmia has continued, while a further investigation has been undertaken in relation to chronic pulmonary affections in children, in which the help obtained from the radiologist has been of great value. Investigations have also been made into intestinal indigestion with particular reference to fat absorption and excretion. These enquiries are still proceeding. The mothers were admitted to the Ward with their infants when these were breast-fed; in two cases for the restoration of breast-feeding where there had been mismanagement, and in seven cases where the child was suffering from enteritis and debility.

The reasons for admission were chronic wasting, generally associated with vomiting, anæmia, and chronic enteritis. The ultimate diagnoses were as follows:—

Simple underfeeding			 5	Acrodynia 2
Mismanagement			 18	Tuberculosis 3
Chronic dyspepsia			 11	Syphilis 1
Chronic enteritis			 9	Chest conditions 12
Habit vomiting			 4	Rickets (with complications) 6
Cœliac Disease			 2	Congenital debility and other con-
Pyloric stenosis			 3	ditions 23
Fatty degeneration o	f the	liver		
(Acidosis)			 1	
Anæmia			 7	Total 111
Pvelitis			 4	

The results obtained were as follows:-

Discharged	(a)	in good health	 	 		47
,,	(b)	improved	 	 		37
,,	(c)	in status quo	 	 •••	• • •	16
Died			 	 		5
		other hospitals	 	•••		6

THE ULTRA VIOLET LIGHT CLINICS.

The number of these clinics has been increased from five to nine. The lamps are now installed at the following Centres:—

The Carnegie Institute.
Aston Street Centre.
Floodgate Street Centre.
Hope Street Centre.
Selly Oak Centre.
Stirchley Centre.
Harborne Centre.
Lichfield Road Centre.
Stratford Road Centre.

The following table gives the cases treated and their attendances:-

ATTENDANCES AT ULTRA VIOLET LIGHT CLINICS DURING 1928.

CHILDREN.

Condition.			No. of cases.	Attendances.
Rickets		•••	293	3,562
Prophylaxis (Rickets)			60	606
Debility		•••	526	6,285
Anæmia			54	570
Catarrhal children		• • •	200	2,724
Convalescents: Whoop	ing Co	ough	32	244
Measle		Ö	10	120
Lung conditions			84	978
Asthma		•••	10	137
Enlarged Glands			8	105
Skin Conditions			22	378
Nervous children (Misr	nanage	ement)	44	430
Other conditions `	•••	•••	32	342
Total		•••	1,375	16,481

MOTHERS.

Condition.				No. of cases.	Attendances.
Alopecia			•••	8	189
Neurasthenia			•••	2	29
Rheumatic condi-	tions			3	118
Skin conditions				3	89
Debility	•••		•••	3	66
Other conditions	•••	•••	•••	2	54
	Total		•••	21	545
					-

It is interesting to note that the incidence of rickets markedly diminished in the Spring of 1929. This is reported not only from the Child Welfare Centres, but also from the Children's Hospital. Some of this decrease may be attributed to the good Summer of 1928, some is undoubtedly due to the effect of the Light Clinics, and the efforts of the Child Welfare Centres. The sale of cod liver oil at the Centres has increased by more than 1,500 gallons in the last three years.

THE TRAINING COURSE FOR HEALTH VISITORS.

In January, 1928, the Public Health Committee in conjunction with the Birmingham University, inaugurated a training course for nurses who wished to obtain the Health Visitors' Certificate. Under the Ministry of Health Regulations, no woman (with certain exceptions respecting those already engaged in such work) can be appointed as a Health Visitor after March, 1928, unless she is a trained nurse and holds in addition, the Central Midwives Board Certificate, and the Ministry of Health Certificate for Health Visitors.

The course necessary for the certificate must extend over a period of six months; and this is beyond the means of the average nurse. In view of this, and of the fact that in Birmingham at least twelve to sixteen new Health Visitors are needed every year to fill vacancies on the Staff, the Public Health Committee decided with the permission of the Ministry to appoint at least twelve pupil Health Visitors annually. Such pupils are appointed for twelve months at half salary, six months of the period being devoted to the training course, and six months to the ordinary work of the department. Subsequently suitable pupils receive permanent appointments. This arrangement is financially acceptable to nurses, and provides a nucleus for the Birmingham training course, which is however also utilized by independent candidates and by health visitors sent in by neighbouring authorities. The training course includes a course of lectures at the University, with practical training in the Public Health Department. The first course extended from January to June, 1928. Experience proved the need for a Tutor to co-ordinate the instruction; Miss M. A. Lloyd was appointed to the post and her reports are appended.

The results have been most satisfactory. Out of the eighteen candidates, seventeen obtained their certificates at their first examination.

TRAINING COURSE FOR HEALTH VISITORS, JANUARY TO JUNE, 1928. (REPORT BY MISS LLOYD).

The first Training Course for Health Visitors at the Birmingham University and Public Health Department, commenced on January 1st, 1928, and continued until June 30th, 1928, six Birmingham Pupil Health Visitors taking the Course.

During this period of six months, one month was allotted to work as a School Nurse, under the Birmingham Education Authority, one month to Tuberculosis work, one month to general Health Visiting, and three months to Maternity and Child Welfare Work.

In this time, 3,145 visits were paid by the Pupil Health Visitors, whose training also included work at the various Infant Welfare Centres, Special Clinics and Ante-natal work.

Thirty special tutorials were given, including two on "Remedial Exercises and Orthopædic Work," and three on "Voice Production." Eight test examinations were held.

Training Course for Health Visitors, Oct., 1928, to Mar., 1929. (Report by Miss Lloyd).

This Course commenced on October 1st, 1928, and was continued for six months until March 27th, 1929, twelve students taking the Course, viz.: 6 Pupil Health Visitors and 6 independent candidates.

The Lectures were given at the University on four evenings of the week at 5.30 p.m., leaving the days free for Practical Work, Tutorials and Demonstrations.

The Chief School Medical Officer arranged for each student to have a month's work as School Nurse, and in the Public Health Department it was possible to plan that every student worked for a month as Tuberculosis Visitor, a month in general Health Visiting, and three months in Maternity and Child Welfare work.

During this period of six months the twelve students paid 4,900 visits, either by themselves or with the Tutor, in addition to others paid by them in company with experienced members of the Staff. Furthermore, the students assisted at the various clinics, including Ultra Violet Light, Dental, Test-feeding, Venereal Disease, Ante-natal and Children's Clinics at all the Welfare Centres in the City, as well as School Clinics. The Chief Tuberculosis Medical Officer also arranged for them to attend the Anti-Tuberculosis Dispensary.

Twenty extra tutorials have been given in the evening (5.30 p.m.) on special subjects, including three on "Voice Production." Ninety-six ordinary tutorials have been given bearing on all branches of the work, and including demonstrations on "Drain Testing and Practical Sanitation."

The Estates Manager gave a talk and demonstration on "Housing in Birmingham." Special individual instruction has been given on "How to give Health Talks."

When a student has needed extra help, apart from the ordinary classes, one or two hours a week have been set aside for such tuition.

Ten Test Papers have been given to the students.

In order to give the students as wide a knowledge as possible of social work running parallel with their own, it was arranged with the help of the Authorities concerned for them to see a number of outside institutions.

The Poor Law Guardians gave leave to visit:—The Cottage Homes, Receiving Homes, Dudley Road Hospital, Monyhull Colony for Mental Defectives.

The Education Committee:—Open-Air School at Uffculme, Roof School at St. Thomas's, Nursery School, Special Schools.

Public Health Committee:—Pype Hayes Convalescent Home, Heathfield Road Maternity Home, Lodge Road Babies' Hospital, Yardley Road Sanatorium, Disinfection Station and Incinerator.

Other Authorities:—Sewage Farm, Municipal Baths and Wash Houses, Hope Lodge, Children's Court, Various Hospitals, including Warwickshire Orthopædic Hospital and Northfield Crippled Children's Home.

A visit was also arranged to Messrs. Cadbury's Works and to a Model Dairy.

THE BABIES' HOSPITAL.

The occurrence of smallpox in Birmingham, necessitated the removal of the Babies' Hospital from the Witton Hospital (which reverted to use for smallpox) to Lodge Road Hospital, on January 16th, 1928. The wards in this Hospital have been adapted as far as possible to the needs of the Babies' Hospital, but in many respects, they remain unsatisfactory. However, with careful nursing and with close supervision by the Resident Medical Officer good results have been obtained.

There were no serious outbreaks of infectious disease; two cases of whooping cough, developing a few days after admission, were sent to Selly Oak Hospital. One case of chicken-pox developed a few days after admission and infected another child. Four children were transferred to the Children's Hospital for operation, three being cases of pyloric stenosis.

During the year, the number of cases admitted to the Hospital was 288. The average duration of stay was 56 days.

Number discharged		 	 	 	 272
Number recovered		 	 	 	 221
Number improved,					
Number in status qu	0.	 	 	 	 29
Number of deaths					

These deaths all occurred in children under one year of age, the causes being:-

Marasmus and chronic enteritis	 	 	2
Marasmus and broncho-pneumonia	 	 	1
Prematurity and broncho-pneumonia	 	 	1
Gastritis and chronic enteritis	 	 	1
Prematurity and chronic enteritis	 	 	2
Marasmus and acute bronchitis	 	 	1
Marasmus and prematurity	 	 	2
Marasmus and pneumonia	 	 	1

The barrier system of nursing was again carried out and showed good results in preventing spread of infection.

The cases of infectious disease that occurred in hospital were:-

Whooping Cough			3 c	ases.	All admitted incubating the disease.
Measles			4	,,	2 cases admitted incubating the disease.
					2 cases contacts while in hospital.
Chicken Pox			3	,,	2 cases contacts while in hospital.
					1 case admitted, incubating the disease.
Colitis caused by F	lexner l	Baci	llus.		1 case.

A Mercury-Vapour Lamp was erected at the end of one ward, where Ultra-Violet Ray Treatment was carried out.

The number of in-patients who had this treatment was 155. No out-patients were treated.

The staff all kept fairly well during 1928. One case of jaundice occurred.

CHILDREN UNDER ONE YEAR.

Number admitted in 1928 was 143.

The distribution of cases was as follows:-

Marasmus		 13	Bronchitis	5
Prematurity		 11	Pyelitis	- 1
Malnutrition		 33	Congenital Heart	3
Chronic Enteritis		 16	Rickets	10
Debility		 27	Convulsions	1
Dyspepsia		 18	Pink's Disease. (Acrodynia)	1
Broncho-pneumonia	a	 1	Habitual Vomiting	3

CHILDREN ONE TO TWO YEARS.

Number admitted—84.

The distribution of cases was as follows:-

Rickets	•••	 24	Bronchitis	 	 3
Malnutrition		 12	Pyelitis	 	 2
Debility		 38	Anæmia	 	 3
Gastro-enteritis		 2			

CHILDREN TWO TO FIVE YEARS.

Number admitted-61.

The distribution of cases was as follows:—

Debility		 	37	Rheumatic Endocarditis	 1
Rickets		 	9	Chronic Enteritis	 1
Cœliac Dise	ase	 	2	Chronic Bronchitis	 4
Starvation		 	3	Broncho-pneumonia	 1
Anæmia		 	2	Bronchiectasis	 1

More children between the ages of one and five years were treated in 1928 than in previous years, the second ward for older children having been available from September, 1927.

Special investigation into the treatment of cases of Rickets continued to be undertaken in 1928; it was begun in 1927. Each case was treated with one of the following:—Ultra-violet Light, Radiostol or cod liver oil emulsion, in conjunction with a diet rich in vitamins. Although many of the cases admitted in 1928 were suffering from very severe rickets, sufficient comparable cases have not come under treatment since 1927, to allow any definite deductions to be made. It appears there is very little difference in the rate at which the rickets healed under these several forms of treatment. The average number of days in hospital was 84.

During the latter part of 1928, a special investigation was undertaken into the result of Test-feeds in children under one year of age. Special examinations are being carried out on the gastric juice with regard to free hydrochloric acid, total acidity, chlorides, etc. The results have been so variable that a large number of cases have to be examined before any definite deductions can be

made.

TREATMENT OF EAR, NOSE, THROAT AND EYE CONDITIONS.

The arrangements made with the Children's Hospital for the treatment of children under five years of age, suffering from enlarged tonsils and adenoids, has been extended to include conditions affecting the ears and eyes, a suitable payment being made in each case. The cases examined during 1928 were as follows:—

Tonsils and Adenoids	 	 	 	598
Ear Conditions	 	 	 	92
Eve Conditions	 	 	 	145

It will be seen that good use has been made of these arrangements for the benefit of the children.

MUNICIPAL MATERNITY HOME. HEATHFIELD ROAD.

The number of cases admitted during 1928 was 376, an increase over the previous year. The average duration of stay was 13.3 days, and medical help was sought in 193 cases. The reasons for which medical help was sought, were as follows:—

For Mother.

- 1 Ante-partum hæmorrhage.
- 1 Transverse presentation.
- 1 Prolapse of cord.
- 19 Delayed second stage of labour.
- 7 Fœtal distress.
- 3 Rigid perineum.
- 4 Albuminuria with rapid pulse, during second stage.
- 1 Adherent placenta.
- 1 Retained membrane.
- 3 Breech with extended legs.
- 46 Perineal tears.

For Infant.

- 1 Discharging ear.
- 1 Swelling on right side of neck.
- 1 Mastitis.
- 1 Sore buttocks.
- Congenital stoppage of bowel.
- Melæna neonatorum.

There was one case of puerperal sepsis, resulting in death, and four cases of puerperal pyrexia with recovery.

Among the infants, five children suffered from discharging eyes, and in two of these cases, the condition was definitely ophthalmia neonatorum. There were no cases of pemphigus neonatorum.

In six cases, there was failure to establish breast feeding. In three cases, this was due to the mother's ill-health, and in three cases to breast deformities.

The feetal deaths are given below:-

2 Macerated fœtus.

Stillbirths. 1 Anencephalic fœtus.

2 Instrumental delivery. (Birth Injuries).

3 Premature birth.

1 Spina Bifida.

Within 10 days of birth. 1 Melæna neonatorum.

L Cardiac failure.

Every effort is made to instruct the mother as to the care of the child before discharge, and she is advised to attend the Child Welfare Centres, subsequent to leaving the Home.

PROVISION FOR CONFINEMENTS AT THE COST OF THE PUBLIC HEALTH DEPARTMENT IN HOSPITALS OF THE BOARD OF GUARDIANS.

During the year under review 916 patients were admitted to Dudley Road Hospital or Selly Oak Hospital for confinement because of the inadequacy of their home conditions. In the majority of cases these consisted of lodgings in cottages.

The cost to the Public Health Dpeartment was £5,183. The amount of money recovered from the patients was £994.

HOME HELPS.

Four hundred and four cases were attended in 1928, as compared with 327 in the previous year.

Forty-two Home Helps are now available, as follows:-

6 in Sparkhill, Greet and Hall Green areas.

7 in Small Heath, Hay Mills and Bordesley Green.

1 in Balsall Heath.

1 in Billesley and Yardley Wood.

6 in Stirchley, Selly Oak and Northfield.

2 in Hockley and Handsworth.

6 in Aston, Erdington, including Perry Common and Pype Hayes.

4 in Nechells and Saltley.

5 in Ladywood, Winson Green and Harborne.

There are also four peripatetic Home Helps living in the Centre of the City, who assist in any area where their services are most needed.

Great care is taken to appoint reliable, respectable women, who are thrifty house-wives and thoroughly used to the management of young children. An essential qualification is good cooking.

Most of the cases attended have been confinements. Although Home Helps should be engaged at least one month in advance, many emergency cases have been dealt with. If these are notified before 9.30 a.m., a visit is paid and arrangements are completed the same day.

The scheme is primarily intended to help those mothers who are unable to afford an adequate fee for the attention they require.

Home Helps are also used by the employees of Messrs. Cadbury Bros., and are supplied for any non-infectious illness in addition to maternity cases, according to arrangements with the Workers' Council. Their services are much appreciated.

CONVALESCENT HOME FOR MOTHERS.

The popularity of the Municipal Convalescent Home for Nursing and Expectant Mothers at Pype Hayes Hall, Erdington, has increased, and there has been no dearth of applications for admission during the year. The practice of admitting a few infants, whose mothers are seriously ill in hospital, etc., has been continued. The number of these that the Matron was able to deal with was sixteen. Twenty-six ante-natal cases were admitted and greatly benefited by their stay. The educational side of the work continues to be an important feature. There can be no doubt that a fortnight's stay in such an institution, especially for the inexperienced young mother, is of very great value.

The number of beds is 24, and the cases admitted were as follows:-

No. of mothers admitted (including ante-natal cases) 429 No. of babies admitted (including 16 separate infants) 416

MATERNITY OUTFITS.

The sale of sterilised maternity outfits was commenced in 1922. It was considered desirable to have available a supply of sterilised dressings, etc., for the use of doctor or midwife at the confinement. These outfits can be obtained at the Child Welfare Centres and at the Public Health Department.

The number sold is small, though it is increasing year by year. Even yet, however, there appears to be a lack of appreciation of the importance of sterilised dressings. The number of outfits sold in 1928 was 188 large and 37 small, making a total of 225.

The large set "A" sold at 6s. 2d. contains--

- 1 Sterilised binder.
- 1 Accouchement sheet, 12in. by 12in.
- 2 Sterilised sheets.
- 6 Small perineal pads.

- 6 Large perineal pads.
- 1 Packet of antiseptic wool flakes.
- Safety pins.
- 2 Brown paper, water-proof sheets.

The small set "B" sold at 3/- contains-

- 6 Small perineal pads.
- 6 Large perineal pads.
- 1 Packet antiseptic wool flakes.

Safety pins.

2 Brown paper water-proof sheets.

MATERNITY FEEDING CENTRES.

During the year there were 25,616 dinners served at the five Maternity Feeding Centres, which is an increase of more than 5,000 over the number in the previous year.

The Municipal Kitchen has been running very satisfactorily throughout the year, and while attention has always been paid to providing nourishing and varied meals, the expenditure is very moderate. This is mainly owing to good management by the cook.

The reports from the centres show appreciation of the cooking and of the punctuality in the delivery of the meals. The attendances were as follows:—

Newtown Row				• • •				6,7	95)
Smith Street								4,7	16	
Hope Street								4,9	10	25,616
D' C.								4,5		
Bloomsbury Stree	et							4,6	51	j
								£	S.	d.
Cost of Food								584	5	8
Cost of Transport	t				• • •	• • •	• • •	85	7	0
								669	19	8
Densina for a Co										3
Receipts from Ce	entres	• • •	•••	•••	• • •	• • •	• • •	211	19	ð
Net cost of food								£457	17	5

Net cost per meal = 4.3d., excluding wages and overhead charges.

SUPERVISION OF MIDWIVES.

The supervision of midwives has continued to be carried out by the two Inspectors of Midwives. During 1928, the number of midwives who notified their intention to practise in the City was 202, of whom 172 were certificated and 30 were "bona fide" midwives under the Maternity Act of 1902.

The midwives attended 10,655 cases or 60 per cent. of the confinements in the City. The Maternity Hospital delivered 1,648 women, a small proportion coming from outside the City. Dudley Road Hospital and Selly Oak Hospital were responsible for 1,282 and 626 deliveries respectively. About 20 per cent. of the confinements took place in Hospital, 60 per cent. were attended by midwives, and the remaining 20 per cent. included those delivered in nursing homes, of whom 376 were delivered in the Municipal Maternity Home.

The midwives sent for *medical help* in 3,236 cases; for the mother in 2,449 instances and for the child in 787. Help was required in rather less than a third of the cases.

Reasons for sending for medical help.

For Mother—	2,449.			For	Child-	-787.	
Delayed labour		 902	Ophthalmia				 374
Laceration of perineum		 641					142
Hæmorrhage		210	Convulsions				 11
Adherent placenta		 104	Jaundice				29
Abnormal presentation		 91	Deformity				 36
Abortion or miscarriage		47	Skin eruptions				 60
Rise of temperature		 141	Other causes				 135
Other causes		 313					

Under the Midwives' Act the supervising Authority is required to pay the doctor's fee when called to assist the midwife, and is entitled to subsequently recover the fee from the husband. In a large number of cases, the recovery of even part of the fee entails much labour and expense. An insurance scheme was inaugurated in 1927 under which by a payment of five shillings, an expectant mother can insure against payment of the doctor's fee, if it should be necessary to call one in. The scheme has been in operation throughout 1928. The number insuring was 3,068. Medical help was required in 1,196 cases, rather more than a third of the total. The proportion is somewhat higher than among the uninsured cases (2,040 out of 7,587 cases).

The fees paid for insurance amounted to £767, and the amount paid to doctors was £1,944 13s. 10d., leaving a deficit of £1,177 13s. 10d. The uninsured cases for whom medical help was called were 2,040 out of 7,587, but accounts were received for only 567, at a cost of £745 16s. 0d. Of this £443 13s. 3d. was recovered at a cost of £227 16s. 8d., leaving a total deficit of £529 19s. 3d. The proportionate deficit works out roughly at 18/- per case in both insured and uninsured cases. There is, however, a likelihood that women knowing they have previously had difficult labours, may insure, suspecting they will again require medical help, and also that others knowing they are insured, will seek to persuade the midwife to call the doctor for conditions not constituting an emergency in the estimation of the midwife. It would be of advantage to have a satisfactory medical ante-natal examination as a necessary preliminary to insurance.

The Midwives' Inspectors paid the following visits:-

Routine visits to midwives	 		 423
Visits to Stillbirths	 		 145
Visits to Ophthalmia Nconatorum cases	 		 836
Visits to cases of Puerperal sepsis	 		 223
Visits to Nursing Homes	 	• • •	 137
Visits regarding Medical Help	 		 489

There were 398 interviews with midwives at the Public Health Department.

During the year a subsidy was granted to a midwife in an outlying district, since it is advisable to maintain a satisfactory maternity service there, although the population is insufficient to completely support a midwife. It was found necessary to pay compensation to three midwives who were suspended from practice under the Midwives Act, as being liable to spread infection,—in two cases owing to sepsis and in the third owing to a skin infection of the hands. Two midwives were reported to the Public Health Committee; and one of these was brought before the Central Midwives Board. Her case is still under consideration. Several midwives were cautioned, but their irregularities were not considered sufficiently serious for further action,

The practices of certain handywomen were investigated, and these women were interviewed and warned.

The Refresher Courses at the Maternity Hospital have been continued. Fifty-five midwives attended during 1928 and were much benefited by doing so. It is pleasant to be able to report a steady improvement in the standard of ante-natal work of the midwives.

NURSING HOMES.

Under the Nursing Homes Act, 1927, all Homes applying for registration were inspected by the Assistant Medical Officer of Health, and the Inspector of Midwives for the district. Reports giving plans and details of equipment and accommodation were then submitted. It was necessary to include all Maternity Homes already registered under the new Act. The following figures give the results:—

No. of applications for reg	gistrati	on	 	 	72
No. registered			 	 	62
Registration refused			 	 	7
Appeals			 	 	
Applications withdrawn			 	 	1
Registration unnecessary			 	 	2
Applications for exemption			 	 	7
NT.			 	 	7

The number of Homes in the City at the end of 1928 fall into the following classes:—

Total Homes		•••	• • •	•••	•••	•••	55
Maternity Homes				•••			17
Not more than 8 be	eds					16	
Over 15 beds	•••	•••	• • •	•••	•••	1	
General Nursing Home	s	•••		•••			58
General and Materi	nity cases	5				22	
Medical and Surgic		• • •	• • •			7	
Surgical cases only		• • •	• • •	• • •		3	
Chronic and Senile	cases	• • •	• • •	• • •	• • •	6	
						_	
Not more than 8 be	ds					18	
Not more than 15 be	ds					15	
More than 15 beds						5	

The number of beds in Maternity Homes (excluding the Maternity Hospital) is 88; the number of beds in the combined nursing and maternity homes, where the number of maternity beds cannot be differentiated, is 293.

Since registration, one Home has been closed owing to the midwife leaving the district, and one has been closed compulsorily for negligence and contravention of rules, while one was closed owing to the conditions for registration not being acceptable. Four Homes have been closed by voluntary retirement.

MATERNAL MORTALITY.

The deaths of women classed to pregnancy and child-bearing in Birmingham during 1928, numbered 66. The number of live births was 17,222, giving a maternal mortality rate per 1,000 births of 3.83. Comparing the figures given by the Registrar General for 1927, it will be found that Birmingham is below the country as a whole (4.11) and below the country boroughs as a whole (4.40) but above London (2.91) which has the lowest maternal mortality rate of any large area in the country.

The maternal mortality in previous years is shown in the table below:-

		Deaths	from	Rate per 1,0	00 Births (Total)
		Puerperal	Other Puerperal	·	England
		Fever.	Causes.	B'ham.	and Wales.
1911	 	 36	48	3.82	3.87
1912	 	 27	45	3.25	3.98
1913	 	 44	48	3.86	3.96
1914	 	 33	41	3.19	4.17
1915	 	 35	38	3.44	4.18
1916	 	 31	40	3.44	4.12
1917	 	 26	20	2.60	3.89
1918	 	 29	22	3.03	3.79
1919	 	 23	28	2.64	4.37
1920	 	 51	39	3.59	4.33
1921	 	 26	37	2.84	3.91
1922	 	 25	35	3.02	3.81
1923	 	 34	33	3.51	3.81
1924	 	 37	35	3.91	3.90
1925	 	 35	39	4.15	4.08
1926	 	 41	33	4.13	4.12
1927	 	 25	37	3.59	4.11
1928	 	 32	34	3.83	_

The causes of deaths as given on the death certificates may be classified as follows:-

Puerperal sepsis (after o	confiner	nent or	abort	ion)		 		32
Puerperal hæmorrì							 		10
Albuminuria and c	convuls	sions					 		7
Accidents of pregr	nancy	(abortic	on, ecto	opic ge	estatio	n, etc.)		• • •	6
Embolism							 		4
Other causes							 		7

PUERPERAL SEPSIS.

During the year 87 cases were notified as puerperal fever, and 139 as pyrexia; two were subsequently notified as scarlet fever, and nine cases were from outside Birmingham, leaving 217 cases. Of these, 124 were treated in hospital, viz.:—

Women's Hospital						73
Selly Oak Hospital	•••	•••				19
Dudley Road Hospita	1	• • •			• • •	18
General Hospital	• • •	• • •	• • •	• • •	• • •	$\frac{2}{1}$
Queen's Hospital	• • •	• • •	• • •	• • •	• • •	4
Nursing Homes	• • •	• •	• • •	• • •	• • •	8
						101
						124

Associated conditions in the 217 cases were as follows:-

					10
					1
					7
					4
eration					18
					48
	ıta				20
					$\frac{24}{24}$
• • • •					7
					15
	•••				7
1011	• • • •	• • • •	• • •	• • • •	
					21
ssigned					35
	eration Placen ion	eration Placenta on the control of the control	Placenta	Placenta	Placenta

Total 217

The number of cases in primipara was 82, and in multipara 135. The attendant at the delivery was as follows (excluding abortions):—

Midwife		60	(3 with Medical Students)	
Doctor and Midwife		79	`	
Doctor and Handywoma	an	17		
Hospital-				
Maternity Hospital		35		
Dudley Koad Hospital		1		
Selly Oak Hospital		1		
Queen's Hospital		1		

The Attendant booked was:-

Midwife alone	 	 	82
Doctor and midwife	 	 	64
Doctor and Handywoman	 	 	17
Maternity Hospital	 	 	24
No definite information	 	 	30

The character of the labour was normal in 133 cases, and instrumental (forceps deliveries) in 49. In 20 cases there was manual removal of the placenta. There were seven cases of version, 10 of induction, 4 craniotomies and one Cæsarian Section. There were 10 premature births, 23 abortions and 184 labours at term. Seven of the cases were illegitimate births. Of the 217 cases, 32 died, four of these deaths following abortion.

OPHTHALMIA NEONATORUM.

The incidence of ophthalmia, and the damage resulting from this infection, were heavier in 1928 than in any recent year. No less than 530 cases were reported as compared with 409 cases in 1927.

The reported cases of this disease, together with the results of treatment since 1917 are indicated in the following table:—

Year.				of cases	No. of babi		No. of babies with eyes otherwise
			re	eported.	One eye.	Both eyes	impaired.
1917			 	237	3	0	6
1918			 	228	3	0	6
1919	• • •	• • •	 	282	4	0	5
1920			 	444	5	5	6
1921			 •••	427	1	0	U
-1922			 	484	1	0	1
1923			 	4 33	0	0	10
1924		•••	 	413	1	1	1
1925			 	3 35	0	2	3
1926		• • •	 • • •	395	1	0	$\overline{2}$
1927			 	409	2	0	0
1928			 	530	6	4	8

During the year 44 patients were admitted to the special ward in the Eye Hospital and 446 were treated as out-patients.

The increase in the number of cases reported was no doubt in some degree associated with better notification of the disease, but that this is only a partial explanation is shewn by the fact that not less than 18 infants had scarred eyes—the largest total damage for a considerable number of years past. Of the 18, 4 were rendered quite blind, 3 have grave impairment of vision in both eyes, 11 have permanent damage to one eye; of the last group the afflicted eye is completely blind in three cases and very defective in a fourth, the defect being slight in the remaining seven. Evidently some factor other than increased freedom of notification was responsible for a substantial part of the increase and in particular for the graver cases. This might conceivably be related to (a) decreased facilities for treatment, (b) lower standard of prophylactic treatment, (c) delay in treatment, (d) increased prevalence of gonorrhæa among child-bearing women, or in the alternative prevalence of non-specific infection producing a condition clinically indistinguishable from gonorrhæal ophthalmia.

There is no suggestion that any decrease occurred during the year in the provision for inpatient treatment. The majority of the patients received out-patient treatment until or unless there was clearly need for in-patient treatment. Under such circumstances there is always a risk that the mother may either fail to maintain treatment at home—and the application of treatment is far from easy—or else may fail to attend the out-patient department regularly. Early and prompt admission to a hospital bed for all but the mildest cases is therefore to be recommended.

So far as prophylactic treatment in maternity institutions, by midwives or by doctors, at the time of birth is concerned, there is no suggestion of a lower standard during 1928. Taking the 18 cases with damage to the eyesight (see attached table), in the two cases related to the Maternity Hospital, 1% silver nitrate, and in the two cases arising in relation to Heathfield Maternity Home, neo-protosil was given as a prophylactic. In the 10 cases attended by private midwives, $\frac{1}{2}$ % silver nitrate was used at the time of birth. In the four cases attended by private doctors, the particulars as to the prophylactic cannot be given. Taking the whole of the 530 cases notified, $\frac{1}{2}$ % silver nitrate was used for prophylactic treatment in 390, argyrol in 2, protosil in 4, the nature of the prophylactic was not known in 118, while in 16 no prophylactic was used.

As regards delay in treatment, the table indicates that in many of the cases there was considerable delay between the onset and the date of notification; and while this need not necessarily imply that treatment was commenced at too late a stage this was in fact the case in a number of instances. The cases of ophthalmia eventually developing into a very virulent infection were not infrequently insidious in their onset, appearing at first quite mild and giving rise to no alarm in the earliest stages. In three of the institutional cases the slight discharge present during the first few days of life appeared trivial and did not till a later stage manifest itself as grave infection which eventually damaged the eyesight. Two similar cases occurred in the practice of midwives, who by reason of the apparently trivial appearance of the condition did not summon medical help in the earliest stages.

In regard to the possibility of the increase of ophthalmia arising through an increase of gonorrhœal infection among child-bearing women, it is possible that a material proportion even of the serious cases are non-gonorrhœal in origin. Dr. Assinder, the pathologist to the Eye Hospital reports that in a large number of cases repeated examinations and cultures failed to yield the gonococcus, but that in these infection by a streptococcus was not of uncommon occurrence. At the same time it is of interest to note there was in fact a marked increase in the numbers both of men and women attending for the first time for treatment for gonorrhœa at the Clinics for Venereal Diseases.

The numbers are as follow:--

				New	cases of gonorrh	ıœa.
			Males.	Females.	Children.	Total.
1924	 		691	73	5	769
1925	 	• • •	667	220	5	892
1926	 		692	185	7	884
1927	 		660	289	26	975
1928	 		781	348	29	1158

This increase is no doubt in part accounted for by increasing popularity of the clinics; but it is not impossible that the rise in the number of new cases may in fact represent an actual increase in this form of venereal disease. The absence of a corresponding rise in the number of cases of syphilis seeking treatment would tend to exclude the increasing use of the clinics as being the sole cause of the increase in gonorrhœal cases alone, or would at any rate suggest that the efficacy of treatment of syphilis had diminished the prevalence of the disease to the extent counterbalancing the freer use of the clinics, while the relatively ineffective treatment available for gonorrhœa had failed to decrease the prevalence to an extent neutralising the increase in attendances from more ready use of the clinics. No certain statement can thus be made as to whether the increase in ophthalmia reflects an increase in gonorrhœa in the general population, or whether the increase was dependent on a non-specific streptococcal infection arising from some unknown reason.

OPHTHALMIA NEONATORUM CASES, 1928.

No. of cases.	D) WHOH HOUSE.	onset by doctor.	By whom delivered.	notification when admitted to hospital.
	Little Bromwich Hospital.	1st day.	Midwife.	1st day.
2 , bng	Eye Hospital.	(1) 1st ", (2) 2nd ",	Midwife.	(1) 7th " (2) 5th "
3rd ,, 2	(1) Eye Hospital.(2) Private Doctor.	(1) 2nd ", (2) 1st ",	(1) Midwife. (2) Doctor & Handywoman	(1) 4th ", (2) 3rd ",
4th ,, 1	Private Doctor.	1st ,,	Doctor.	7th ,,
5th ,, 1	Private Doctor,	1st "	Doctor & Handywoman.	5th ,,
6th ,, 1	Eye Hospital.	1st "	Midwife.	ðth "
7th ,, 4	(1) Eye Hospital 3 (2) Private Doctor.	(1) 1st ", (2) 2nd ", (3) 4th ", (4) 5th ",	Midwife.	(1)16th ,, (2) 8th ,, (3) 6th ,, (4) 6th ,,
9th ,, 1	Private Doctor.	1st "	Midwife.	9th ,,
17th ,, 1	Private Doctor.	8th "	Doctor & Handywoman.	18th ,,
Said to have had no discharge on leaving the Home 3 days before.				
17th day 1	Eye Hospital.	17th day.	Heathfield Road Home.	23rd "
21st ,, 1	Eye Hospital.	20th ,,	Maternity Hospital.	20th ,,
21st ,, after birth 1	Eye Hospital.	20th ,,	Maternity Hospital.	6th "
33rd ,, (Late) 1	Eye Hospital.	3rd ,,	Heathfield Road Home.	3rd .,

TABLE I.

Vital Statistics during 1928 and previous years.

	Respiratory Diseases.	Rate.	2 50	00.00	47.0	25.00	00.00	26.2	2.80	70.0 000	20.7	50.70	2.40	2.0	9.6	69.40	2.6	9:09	2.10	2.85	2.67	2.46	2.02	2.38	200	2.15	1 97	288	1.89	1.56
	Respirator Diseases.	Number.	9 858	0,000	710,7	207,7	2,033	010,7	6,400 10,400 10,400	0,4/0	0,70,0	074,7	2007	9,979	9,170	2,369	2,506	2.322	888	2,473	2,466*	2,232	1.857	2,206	1,849	2,043	1,872	1 799	1,825	1,525
	isease.	Rate.	1 18	1.10	1.20	1.17	1.20	1.12	07.1	1.23	27.1	1.10	1.12	1 14	30.	1.48	1.51	1.52	1.53	1.43	1.36	1.36	1.29	1.41	131	1.42	1.52	1.71	1.78	1.77
	Heart Disease.	Number.	896	830*	200	073	040	950	1 041	1,041	070,1	054	1 013	696	1.135*	1.301	1,338	1,362	1,369	1,241	1,258*	1,232	1,181	1,306	1,221	1.359*	1,441	1.636	1,719	1,732
tom	er.	Rate.	73	œ g	20.	277	10	10.0	3	20.00	20.00	200	6	66	1.02	88.	1.00	1.00	1.02	1.02	1.01	1.12	1.12	1.18	1.17	1.30	1.27	1.26	1.36	1.35
DEATHS FROM	Cancer	Number.	552	530*	592	27.0	643	66.1	645	*202	678	737	748	791	*868	773	885	897	912	883	935*	1,014	1,020	1,090	1,092	1,251*	1.204	1,205	1,313	1,321
DI	llosis.	Rate.	1.99	1.75	1.76	1.75	1.67		15.1	1.59	1.52	1.40	1.46	1.52	1.53	1.47	1.55	1.48	1.56	1.60	1.28	1.10	1.13	1.13	1.08	1.10	1.14	1.06	1.05	0.99
	Tuberculosis.	Number.	1.515	1,356*	1.362	1 369	1.316	1,203	1 241	1,308	1.256	1,168	1,230	1,292	1,341*	1,293	1,377	1,324	1,405	1,385	1,188*	1,00,1	1,035	1,049	1,006	1,055*	1,083	1,024	1,017	965
	za.	Rate.	.16	.12	.10	.13	14	.15	16	.31	.18	Ξ.	60.	.12	.13	.16	.16	.16	.11	2.50	1.15	.46	.15	.48	.28	.39	.39	.27	.41	.13
	Influenza.	Number.	122	*26	79	104	107	123	128	255*	151	93	79	86	112*	142	146	146	86	2,172	1,062*	421	134	442	764	375*	370	260	366	130
NI LITY.		Rate.	176	144	147	179	141	157	133	130	121	115	150	111	129	122	118	104	101	66	84	83	83	98	72	83	78	73	75	co
INFANT MORTALITY.		Deaths.	4,205	3,503*	3,525	4,346	3,224	3,682	3,084	3,124*	2,727	2,570	3,298	2,470	3,070*	2,839	2,490	2,142	1,791	1,674	1,630*	2,072	1,838	1,705	1,370	1,518*	1,389	1,301	1,299	1,11/
HS.		Rate.	17.5	16.3	15.8	17.7	15.1	15.9	15.3	15.3	15.1	13.2	15.0	14.1	14.9	14.8	14.4	13.5	12.6	15.2	13.0	12.6	11.3	12.1	11.0	11.6			11.6	10.9
DEATHS.		Number.	13,290	12,650*	12,224	13,882	11,948	12,737	12,356	12,596*	12,398	11,001	12,623	12,005	12,962*	13,026	12,816	12,081	11,274	13,175	*000,71	11,409	10,361	11,212	10,248	11,181*	11,102	10,847	11,171	10,001
ķ		Rate.	31.4	31.2	30.9	31.0	29.0	29.4	28.8	29.1	27.4	8.92	26.1	26.1	27.3	26.4	× 53.	23.1	19.7	4.60	20.9	0.77	7.4.1	C. 12	20.4	19.2	∞	18.7	17.8	17:0
Births.		Number.	23,866	24,246*	23,956	24,260	22,939	23,484	23,233	*986*	22,555	22,288	21,975	22,168	23,812*	23,207	21,187	20,618	17,706	10,840	19,335	25,069	22,134	19,850	19,069	18,390*	17,836	17,932	17,252	777,71
Population	to middle of each		760,989	768,757	776,604	784,532	792,540	800,631	808,803	817,060	825,400	833,826	842,337	850,947	859,644	882,534	891,234	893,678	900,000	010,000	910,000	910,000	919,083	927,044	920,079	944,386	952,766	961,222	969,732	000,000
	Year.		1901	1902	1903	1904	1905	1906	1907	1903	9061	1910	1911	2161	1913	1914	1016	1017	1010	1010	1000	1001	1261	1002	1923	1924	1923	1920	1928	

TABLE II.

Causes of, and Ages at Death during the Year ending December 31st, 1928.

l Causes of	f, and Ages a		uvn		7 1 71	gun		cui	- 67		18 1	700	cmc	167	013	<i>b</i> , 10	020	•		
									AG	ES.									Fe-	Per-
CAUSE OF DEA	ATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	95	Males	males	sons.
		10-	1-	2-	3-	4-	3-	10-	13-	20-	23-	33-	43-	33-	03-	/3-	03-			
I.—GENERAL DISEAS	res										- 3									
Enteric Fever		-	-	_		_	<u> </u>	-	_	1	-	1	1	_	_	_		1	2	3
Poloneine Force		-	-	-		-			-								_		_	_
Mediterranean Fever																				
Malaria		. -	-	_				-	1			1	_	1	-	—		3	_	3
Mancles	••••	12	17	4	$\frac{}{2}$	2	3								1			$\frac{1}{23}$	18	1 41
Scarlet Fever	···· ···· ····	. —	2	-	1	_	1	_	_	1	Ш	-	_		-	-1	_	2	3	5
D' 111		9	54	17 6	9	4 8	$\frac{4}{32}$	<u>-</u>	<u> </u>			<u>-</u>	$\frac{}{2}$	$\frac{}{2}$				70 27	93 43	163 70
Influence		1 4	3	3	1	_	$\frac{32}{2}$	2	4	3	10	21	21	25	17	12	2	74	56	130
Miliary Fever			-	-	-	-	-			-	=	-	_	-	-	-	-	-	-	-
Aciatic Cholora	••••															_				
Cholera Nostras			-	-	_	_			_	_	_	_	_	_	_	_	_	_	-	_
			-	-	_			-		-	-			-	_		-	_	_	
Vollow Fovor																				
Spirochætosis		-	-	-	—	-		-	-	_		-	_	—	—	_		_	_	
Trainia in ita		=									3	<u> </u>	3	1	3	<u> </u>	1	10	8	18
Ac. Poliomyelitis	••••										1	_	_	_	_		_	1	_	1
		-	-	-	_		_	_	_		_	-	_	_	6	1	—	<u>-</u>	13	$\frac{}{32}$
Encephalitis Lethargica Meningococcal Meningi	tis	$\frac{1}{3}$	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	1	1		2	2	3	1	5	4	4	1	 6			4	5	9
Other Epidemic Disease	es	1 1	_	-	_	-	_	_	_	_	_	_	-	—	2	_	_	1	2	3
Glanders Anthrax		-		-	-			-	_							_				
Rabies	••• ••••	1=										=			_			_	_	
	··· ····· ····	1-	_		-	-		-	-	-	_	—	_		-	-	_	_	<u> </u>	<u> </u>
Mycoses Tuberculosis :—		-				-					1		_						1	1
Respiratory System		5	3	1	3	-	3	7	63	94			182	85	23	3	-	510	330	840
Nervous System Intestines, Peritoneu	 m	10	13	5	4		12	1	1	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	$\frac{3}{2}$	$\frac{3}{2}$	2 2	1				35 6	20 6	55 12
Vertebral Column			_					_	2	4	1	_	5	2	_	_	_	6	8	14
Joints Other Organs	••• ••••	-	-		-	-	1	1	_	1	_	_		2	$\frac{}{2}$	_		3 4	7	3 11
Discominated	••• ••••	4	2	$\frac{1}{1}$		1	4	$\frac{}{2}$	$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	$\begin{vmatrix} 2 \\ 4 \end{vmatrix}$	1 3	1	3	$\frac{2}{2}$				20	10	30
Syphilis		7	-		_	-		1	-	1	4	15	18	14	3	1	-	44	20	64
Soft Chancre Gonococcal Infection		1													_			1	_	1
Purulent Infection, Sep	ticæmia	2	4	1		1	2	2	_	1	1	3	2	5	3		1	14	14	28
Other Infectious Diseas	ses	-		-	-	-	-	-	-	-		_		-					_	_
II.—GENERAL DISEASE	S NOT INCLUD-																			
ED ABOVE.		3											1							
Cancer:— Buccal Cavity	***	i_											15	34	28	6	1	71	13	84
Phar. Œsop. stomach	, liver, etc	-		-	_		_	_	1	-	6	17	56	135	106	41	4	21i	155	366
Peritoneum, Intestine Female Organs		-	_		-		_	-	1	2	$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$	15 25	40 36		102 27	16	8 2	148	155 142	303 142
Breast	••• ••••						_				$\begin{vmatrix} 3 \\ 2 \end{vmatrix}$	16	45	41	28	16	2	1	149	150
Skin	••• ••••	-	_	_	-	-	_		_	_	$\frac{-}{12}$	2	2	3 65	3 74	1 27	1 5	7 181	5 83	12 264
Other Organs Non-Malignant Tumour	 rs	1	1	$\frac{2}{-}$		1	3		6	$\frac{2}{-}$	2	19	46 10	3	4	2	_	10	13	23
Rheumatic Fever	••••••••••••••••••			_	2	-	11	6	5	10	5	5	9	4	3	1	1	25 3 3	36 38	61 71
Chronic Rheumatism Scurvy		1										3	5	16	30	16	T	1	_	1
Pellagra		_					_		_	_	_	_	_	_	_	-	_	-	-	
Beri-Beri Rickets	*** *****	_	_	_	_	-	-		-	-	_	-	_	_				4	<u></u>	9
Diabetes	•••	3	2	2	1			1	${2}$		5	$\frac{}{2}$	9	22	39	7	1	40	48	88
	2000					1														

TABLE II.—Continued.

								AG	ES.										
CAUSE OF DEATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	Males	Fe- males	Per- sons.
Anaemia, Chlorosis	2 1 1 - - - 7				1 1 1		1	- - 3 - 2 - - 1	- - - - 2 - - 1	1 5 - - 4 - - 1		6 2 8 - 1 1 5 - 1	12 5 - 1 1 1 - 1 - 2	6 1 - 1 - -	4 1 - - -		12 -3 -7 -3 -3 -3 12 -2 -9	21 2 29 — — — 6 — — 4	33 2 32 - 7 3 18 - 2 - 13
III.—Nervous System and Sense Organs. Encephalitis Meningitis Tabes Dorsalis Other Dis., Spinal Cord Cerebral Haemorrhage, Apoplexy, etc. Paralysis (of unstated origin) General Paralysis of Insane Other Mental Alienation Epilepsy Convulsions (5 and over) Convulsions (under 5) Chorea Hysteria, Neuritis Cerebral Softening Other Diseases of Nervous System Diseases of Eyes and Annexa Diseases of Ear:— 1. Mastoid Disease 2. Other Diseases of Ears	1 11 	-3 			1 	-4 		1 1 1 1 1 - 5 - - - 2 - 1 1			1 — 3 8 1 5 1 10 — — 1 — 1 — 1 2	1 2 5 65 2 9 3 12 — — 2 — 9 —	-2 5 5 5 121 4 6 2 9 2 3 12 2	1 4 3 195 9 2 4 11 — 1 1 1 1 24 — 1			2 16 9 12 228 13 18 6 34 — 21 1 3 2 43 1	2 8 2 8 330 21 8 6 35 — 6 1 5 5 39 — 6 12	4 24 11 20 558 34 26 12 69 27 2 8 7 82 1
IV.—CIRCULATORY SYSTEM. Pericarditis		2 1 	1 		1 	1 -4 		-4 -12 		7 36 1		1 4 165: 54 3 6 —	322				8 18 19 780 334 3 9 — 11	1 19 7 880 234 8 9 1 —	9 37 26 1660 568 11 18 1
V.—RESPIRATORY SYSTEM. Diseases of Nasal Fossae Diseases of Larynx Bronchitis Bronchopneumonia Lobar Pneumonia (or type not stated) Pleurisy Congestion and Hæmorrhagic Infarct of Lung Gangrene of Lung Asthma Pulmonary Emphysema Other Dis. of Respiratory System	1 27 128 22 — 1 — —		- 14 6 - - - -				1 - 1 4 1 - - - 1	1 5 12 1 ———————————————————————————————		10	17 78 2		46 77 5	56	- 1186 47 221 1 8 - 5		9 257 261 290 18 4 — 20 2 14	7 1 255 195 147 4 10 24 3 4	16 1 512 456 437 22 14
VI.—DIGESTIVE SYSTEM. Diseases of Buccal Cavity Diseases of Pharynx and Tonsils	2	1	2	_	_	_2	1	=	1 2	2 2	=	1	3 3	2	1	1	7 9	8 4	15 13

TABLE II.—Continued.

				_				AG	ES.									Fe-	Per
CAUSE OF DEATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	Males	males	sons
Diseases of the Œsophagus Ulcer of Stomach and Duodenum Other Dis. of Stomach Diarrhoea, Enteritis Ankylostomiasis Other Intestinal Parasites Appendicitis and Typhlitis Hernia, Intestinal Obstruction Other Dis. of Intestines Acute Yellow Atrophy of Liver Hydatid of Liver Cirrhosis of Liver Biliary Calculi Other Dis. of Liver Diseases of Pancreas Peritonitis (cause unstated) Other Diseases of Digestive System	- 4 139 - 9 1 - -		4 - 3 3			$\begin{bmatrix} -\frac{1}{2} \\ \frac{2}{8} \\ \frac{1}{1} \\ -\frac{1}{3} $	1 5 1 	- 1 - 8 1 - - -	- 1 - 9 1 - 1 - 1 - -	- 11 - 4 - - 9 1 - 1 - - 1 - - 1	$\begin{array}{c} 1 \\ 14 \\ 1 \\ 1 \\ - \\ 5 \\ 7 \\ 1 \\ - \\ 2 \\ 1 \\ 2 \\ 2 \\ 1 \\ - \end{array}$		$\begin{array}{c} - \\ -24 \\ 1 \\ 4 \\ - \\ -7 \\ 9 \\ 1 \\ 1 \\ 1 \\ - \\ 1 \\ 1 \\ 1 \\ - \\ \end{array}$				69 14 117 — 51 36 6 1 — 31 6 7 4 2 —	1 32 23 88 — 29 40 3 2 — 21 13 24 2 9 —	1 101 37 205
VII.—Genito-Urinary System. Acute Nephritis	3 - 2		- 1 - - - - - - - -		- 1 - - - - - - - - - - - - - - - - - -	1 2 - 1 - - - 1 - - - 1	4	2 5 — — — — —	3 3 - - - - 1 - - - - - -	3 11 -2 - - - - - 1 - -	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 2 \\ 61 \\ -2 \\ 2 \\ 2 \\ -1 \\ 5 \\ -2 \\ -1 \end{array}$	5 60 - 2 - 5 12 - 1 - - 1	3 66 - 9 1 8 2 24 1 - 1 - 1 - 1	51 4 12 1 18 - 1 - 1		10 145 10 2 18 10 56 2 —	13 156 — 13 1 6 — — 5 4 9 — 7	23 301 — 23 3 24 10 56 2 5 4 9 — 7
VIII.—The Puerperal State. Accidents of Pregnancy Puerperal Haemorrhage Other Accidents of Childbirth Puerperal Sepsis Puerperal Phlegmasia Alba Dolens, Embolism Puerperal Albuminuria & Convulsions Childbirth not in other Headings (Puerperal Insanity) Puerperal Dis. of Breast								_ _ 1 _ _		$ \begin{array}{r} 3 \\ 4 \\ \hline 16 \\ 1 \\ 1 \end{array} $	3 4 4 13 — 6							6 10 5 32 4 7	6 10 5 32 4 7
IX.—SKIN AND CELLULAR TISSUE. Gangrene Carbuncle, Boil Cellulitis, Acute Abscess, Other Diseases of Skin and Annexa	<u>-</u>							<u>_</u> _1	_ 1 	_ _ _	 1 2 	4 4 1	5 2 2 2	3 1 3 5	5 1 1 2	1 1 —	5 7 6 10	9 6 8 8	14 13 14 18
X.—Bones and Organs of Locomotion. Diseases of Bones Diseases of Joints Amputations Other Dis. of Locomotor System		1 		1 - -	2 	1	3	4	<u>1</u>	_ 	1 1 —	3	_ _ 1	1 3 -	1		18 2 —	$\frac{2}{4}$	20 6 - 1
XI.—Congenital Malformations. Congenital Malformations	87	4	-		2	3	3	-	1	1	1		1		1	-	63	40	103

TABLE II.—Continued.

									AGE	ES.								Fe-	Fer-
CAUSE OF DEATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	Males		sons
XII.—DISEASES OF EARLY INFANCY. Cong. Debility, Sclerema, Icterus, Premature Birth, Injury at Birth, etc. Other Diseases, Early Infancy Lack of Care	64 352 32 9	===				<u>-</u>	=			 	_						37 195 15 5	27 157 17 4	64 352 32 9
XIII.—OLD AGE. Old Age	_	_	_	_		_				_		1	3	48	134	74	111	149	260
XIV.—EXTERNAL CAUSES. Suicide— Poison (Solid, Liquid or Corrosive Substances)		6			1 5 -			-1 -1 -1 -2 -2 -4 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	4 2 2 3	2 2 1 4 1 1 - - - 3 3 - - - - - - - - - - - - -	6 8 2 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 20 6 11	3 11 4 5 3 2 1 1 1 1 1 1 1 1	1 4 1 6 - 2 1	-2		8 27 13 24 — 18 1 2 — 2 1 12 8 — 17 1 — 62 — 5 111 10 — 1 — — 1 1 2 — 3 3 7 — 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	13 23 5 14 3 1 2 -1 1 -1 14 -4 -4 -4 -1 41 31 1 1 3	21 50 18 38 -21 2 4 -1 3 3 22 -21 110 -6 152 13 -1 -1 -1 2 3 3 3 4 9 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Cause, ill-defined or unstated Totals	1117	238	- 3 85	60	47	180	104	207	266	<u>-</u>	775	1353	1700	2103	<u> </u>	349		5092	2 10667

TABLE 111. Births and Deaths Registered in, or belonging to, each Ward during the Year ending December 31st, 1928.

1	127	
City	101 101 101 101 101 101 101 101 101 101	10667 1117 17222
Not Located		107 14 236
Xardley	1 1 2 3 8 2 1 8 2 2 2 1 2 3 2 2 1 2 2 2 2 2 2 2	219 1 24 560 2
Washwood		392 2 44 709 5
Sparkhill	1 2 9 4 6 1 1 1 1 1 1 1 1 1	313 3 33 704 7
Sparkbrook	12 25 12 12 12 12 12 13 14 14 15 15 15 15 15 15	411 3 30 536 7
oyos	487 1 4 1 2 4 2 4 1	287 4 26 353 5
Small Heath	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	344 2 31 529 3
Selly Oak		277 33 400 5
Sandwell		189 16 235
Saltley	1 1 2 2 2 2 2 2 2 2	380 51 719
St. Paul's	- 1 4 1 2 1 3 2 5 2 7 5 1 1 1 1 1 1 1 2 1 3 3 2 3 8 1 1 1 1 1 2 1 3 3 3 3 3 3 3 3 3 3 3 3 3	447 52 731
St. Mary's		555 88 869
St. Martin's		600 79 943
St. Bartholomew's	1 2 1 1 1 2 1 1 2 1 1	501 74 835
Rotton Park	1 2 2 3 4 3 2 1 1 1 2 1 1 2 1 1	432 52 691
Perry Barr		8 21
Northfield		115 8 173
Moseley and King's Heath		345 19 460
Market Hall		224 31 309
Lozells		404 33 522
Ladywood	1 1 1 1 1 1 1 1 1 1	368 37 540
King's Norton	1	242 18 331
Нагрогие		150 14 215
Handsworth		283 10 295
Erdington (South)		213 14 352
Erdington (North)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	293 41 661
Edgbaston	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	339 18 395
Duddeston and Nechells	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	535 71 975
Balsall Heath	1	453 38 612
Aston.	12 27 27 27 27 27 27 27	461 45 783
All Saints'		439 35 760
Acock's		341 38 768
	Enteric Fever	
CAUSES OF DEATH	imall Pox	1 YE
OF L	Fever Fox Fever Fox Fever India Cough For India	ATHS ADER
VSES	mall Pox mall Pox mall Pox leasles leasles leasles whooping Cough liphtheria, Croup miluenza heumatic Fever liabetes ncephalitis Lethar crebro-Spinal Fever liabetes ncephalitis Lethar crebro-Spinal Fever liseases of Heart rterio-Sclerosis rterio-Sclerosis librer Dis. of Nerv. Diseases of Heart rterio-Sclerosis rterio-Sclerosis librer Dis. of Nerv. Diseases of Heart rterio-Sclerosis rterio-Sclerosis librer Diseases of Liver Dider two years and ove pendicitis, Typhl irrhosis of Liver Dider two years and ove pendicitis, Typhl irrhosis of Liver Cher Digestive Dis cephritis & Brights' verperal Fever Other Acc. and Dis. Pregnancy & Part congenital Debility Malformation P ture Birth ture Birth ther deaths from V ther deaths from V ther Defined Dise 1-Def. Causes	L DEA
J	Enteric Fever Small Pox Measles Scarlet Fever Vhooping Cough Diphtheria, Croup Influenza Pulmonary Tuberculosis Other Tuberculous Dis. Cancer Rheumatic Fever Diabetes Encephalitis Lethargica Cerebro-Spinal Fever Acute Poliomyelitis Cerebri Haemorr, Etc. Other Dis. of Nerv. Sys. Diseases of Heart Arterio-Sclerosis Other Dis. of Nerv. Sys. Bronchitis The Diseases of Heart Bronchitis The Diseases of Liver Under two years Two years and over Appendicitis, Typhlitis Cirrhosis of Liver Other Digestive Dis. Nephritis & Brights' Dis. Pregnancy & Parturit'n Other Acc. and Dis. of Pregnancy & Parturit'n Congenital Debility an Malformation, Prema ture Birth Suicides Other deaths from Violen Other Defined Diseases II-Def. Causes	TOTAL DEATHS DEATHS UNDER I YEAR BIRTHS
	AUXUVALABOLITA COMMODIA CONTRACTOR O CONTRAC	HHH.

TABLE IV.

Deaths under 1 year Registered in, or belonging to, each Ward during the Year ending December 31st, 1928.

City City City City City City City City	
Not Located	E 41
10 12 10 20 - - - Xardley	1 24
Mashwood	1
Sparkhill	33 29
	30
odo2	26 37
-	14 18
	33 2
[] - O - - - - - -	16
-	51
St. Paul's	52
st. Mary's 4 \infty	2 1 7 3 79 88 Ward.)
s'nitisM.tS 01 4 - - - \omega 4 \omega 2 \omega 4 - 0	
St. 10 10 10 10 10 10 10 1	5 74 74 Barr
	52 - Perry
Northfield].
Moseley and	1 1 1 1 1 1 1 1 1 1 0 0 c c urred
10 0 -0 -0 0	
- \(\omega \)	33 3 3 1 1 year
	37 37 37
King's ω -	1 1 2 3 3 10 10 114 18 37 1No deaths under
- - -	14 14 deat
Handsworth	10 10 N
- -	2 41
	1 E
- - + \omega \tau + - Edgbaston	18 18
	3 1
	38 1 1
noteA ω ω ω 4 ω σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	1 1 1 2 4 2
	35
- \alpha \ \tau_0 \co	38 2
tis in tis in tis in tis in tis in tica in tica in ticons and and and	:: : :
ing: ing: ing: ing: ing: ing: ing: ing:	Suffocation (overlying) Other Causes All Causes
Causes of Death. sles let Fever theria erculous Meningi ominal Tuberculous D ers Tuberculous D ers cits cho-encephalitis phallitis Letharg phalitis Letharg bro-Spinal Fever ingitis(not fuberc vulsions umonia (all forms tritis rhoea, Enteritis, genital Malforma nature Birth phy, Debility arasmus lectasis ry at Birth lectasis ry at Birth lectasis	ses
Fever ing Co ing	Cause
CAUSES OF DEATH. Measles Scarlet Fever Diphtheria Influenza Tuberculous Meningiti Abdominal Tuberculos Other Tuberculous Di Rickets Syphilis Folio-encephalitis Polio-encephalitis Lethargi Cerebro-Spinal Fever Meningitis(not tubercu Convulsions Bronchitis Diarrhoea, Enteritis, congenital Malformat Premature Birth Atrophy, Debility a Marasmus Atelectasis Injury at Birth Neglect (under 3 mon	Suffocation (o Other Causes All Causes
NET APCDGPBCKCEPVSRCPTEDSSK	NO A

TABLE V.

Cases of Infectious Diseases notified during each week of the year 1928.

	WEEK	نا			ن ا		ا بر							la l		1					
Number.	Ending	Enteric Fever.	Continued Fever.	Malaria.	Trench Fever.	Smallpox	Scarlet Fever.	Diphtheria.	Dysentery.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuberculosis.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Poliomyelitis.	Polio- Encephalitis.	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia	Ophthalmia Neonatorum.	Total.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	1928. Jan. 7 " 14 " 21 " 28 Feb. 4 " 11 " 18 " 25 Mar. 3 " 10 " 17 " 24 " 31 April 7 " 28 May 5 " 12 " 28 May 5 " 16 " 23 " 26 June 2 " 9 " 16 " 23 " 26 June 2 " 9 " 16 " 23 " 26 June 2 " 9 " 16 " 23 " 26 June 2 " 9 " 16 " 23 " 26 June 2 " 9 " 16 " 23 " 26 June 2 " 9 " 16 " 27 Nov. 3 " 17 " 24 Dec. 1 " 8 " 15 " 22 " 29 Oct. 6 " 13 " 20 " 27 Nov. 3 " 10 " 17 " 24 Dec. 1 " 8 " 15 " 22 " 29	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				- 14 17 12 2 1 2 - 1 1 	23 34 29 26 28 34 33 24 24 36 31 25 22 28 23 31 16 24 24 24 24 24 31 32 25 32 26 17 29 17 16 14 20 12 29 44 36 43 43 43 43 43 43 44 43 43 44 43 44 43 44 43 44 43 44 43 44 43 44 43 44 43 44 44	30 36 28 50 41 40 25 25 31 21 31 40 32 15 36 26 25 19 40 22 20 24 24 28 24 28 21 30 30 31 30 30 30 30 30 30 30 30 30 30	1 1 1 1 7 1 7 1 1 7 1 1 1 1 1 1 1 1 1 1	10 8 14 10 6 9 9 11 8 13 10 7 12 4 8 4 4 13 5 7 6 8 8 3 3 4 10 7 11 11 11 15 15 16 17 17 17 17 17 17 17 17 17 17	23 29 39 24 33 24 23 24 40 34 24 22 27 35 29 26 23 33 38 30 28 35 29 29 31 31 23 25 16 24 18 26 28 21 21 21 21 21 21 21 21 21 21 21 21 21	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2 - 1 1 2 1 2 - 1 1 1 1 1 1 1 1 1 1 1 1				89 66 60 36 37 38 45 55 41 50 62 59 58 63 38 52 26 49 57 57 65 45 61 45 38 30 40 35 41 33 19 15 26 37 38 49 49 40 40 40 40 40 40 40 40 40 40	1 3 5 1 2 1	$egin{array}{cccccccccccccccccccccccccccccccccccc$	8 13 3 13 7 9 13 7 7 11 13 12 10 3 10 4 8 8 15 12 11 11 14 11 16 6 6 16 9 15 21 6 12 16 9 8 8 11 9 11 10 6 9 8 8 8 7 12 9	193 197 199 193 176 166 157 156 153 174 193 178 163 163 153 158 132 168 182 172 171 148 172 162 149 147 147 113 150 113 108 86 145 117 125 135 135 135 136 145 147 147 147 147 147 148 149 147 147 148 149 147 148 149 147 149 147 148 149 147 148 149 147 148 149 147 148 149 149 149 149 149 149 149 149 149 149

Classified according to ages. Cases of Infectious Disease notified during the Year 1928.

8325
∞
25
189
336
605
969
824
508
525
719
1818
324
293
341
349
738
:
:
:
:
TOTAL
E

Classified according to Wards. Cases of Infectious Diseases notified during the Year 1928. TABLE VII.

Rotton Park St. Martin's Rotton Park St. Martin's St. Ma	
20	8325
24. See See See See See See See See See Se	220
20	210
Separation Sep	
Second	288
20	
20 25 25 25 25 25 25 25 25 25 25 25 25 25	
20 22 2 3	249
20	157
20	
20 + 2	
20 + 22 1	
20 ± 12 1 1 2 3 1 ± 1 2 3 1 ± 1 1 1 1 3 1 1 1 1 1	
20 ± 120 1 1 1 2 3 1 2 2 2 1 1 1 1 1 2 3 1 2 3 3 1 1 1 1 1 1 1 2 3 3 1 1 1 1 1 1 1 1	
20 + 12	
blahfthroV	06
10 + 21 1 1 2 2 3 3	161
\$\oldsymbol{\pi} \oldsymbol{\pi} \p	
sliszo.I	
boowybed	
$\frac{\operatorname{King}^{s}}{\operatorname{Morron}} \qquad \qquad $	
Harborne	
Handsworth 3 3 - 2 3 + Handsworth	167
(South)	
(North) -	
α + 10 3 3 1 3 4 1 2 3 1 3 4 1 3 3 1 3 1 3 4 1 3 3 1 3 1 3 1	
22 0 1	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Saints'	
3 + 0.2 -1.2 12 -1.1 3 0.8 7.3 Green.	
Enteric Fever Malaria Continued Fever Malaria Trench Fever Smallpox Scarlet Fever Spanlpox Scarlet Fever Spanlpox Scarlet Fever Scarlet Fever Scarlet Fever Scarlet Fever Scarlet Fever Lubsentery Erysipelas Tuberculosis of Perito- neum and Intestines Tuberculosis of Spinal Column Tuberculosis of Other Organs Disseminated Tubercu- losis Disseminated Tubercu- losis Encephalitis Lethargica Cerebro-Spinal Fever Poliomyelitis Poliomyelitis Poliomyelitis Poliomyelitis Poliomyelitis Puerperal Fever Puerperal Pyrexia Puerperal Pyrexia	

No cases of Infectious Disease occurred in Perry Barr Ward.

-3850

-2227

-1948

- 757 - 896 -1489

-2734

-1266

-3394

- 944

888 |

Above or below the average.

MILES OF WIND.

TABLE VIII.

Temperature of the Air and Ground, Rainfall, Sunshine, and Wind in each Month of the Year 1928. Observed at the Birmingham and Midland Institute Observatory, Edgbaston, L. M. A T Vallan

MONTH.

				6	by Mr. 1	A. J. Kelley.	stley.		1		-	
TEMPERATURE OF THE AIR.					TEMPERA THE G	TEMPERATURE OF THE GROUND.	Нои	Hours or	RAIN	RAINFALL IN		
Lowest Mean in the shade. for the Month.		Mean for the Month.	lean ie Month.				Suns	Sunshine.	N.	Inches.	DAYS ON WHICH 0.01 INCH	
1928. below the previous previous lowest.	1928.		Above or below the average.	L	Max. at I foot deep.	Max. at 4 feet deep.	1928.	Above or below the average.	1928.	Above or below the average.	More of Rain Fell.	1928.
27° + 16 40.4° + 2.1	16 40.4° +	+		-	44.0°	44.3	54	+ 20	4.81	+ 2.71	24	9484
30 + 22 + 42.2 + 3	22 42.2 +	+		3.9	45.3	44.8	55	∞ +	2.25	+ 0.45	7	8483
24 + 5 + 3.0 + 3	5 43.0 +	+		3.4	45.2	44.9	61	- 14	2.26	+ 0.35	19	6622
29 + 3 +6.7 + 2.1	3 46.7 +	+			48.3	45.2	122	ı	1.49	- 0.26	18	7164
$\begin{vmatrix} 35 \\ + 4 \\ \end{bmatrix} + 4 \begin{vmatrix} 51.3 \\ - 0.5 \end{vmatrix}$	4 51.3 —	1		2	54.3	47.4	116	- 44	0.05	-2.15	6	6781
39 + 1 55.2 - 2	1 55.2 -	1		2.3	53.7	50.4	184	+ 30	3.01	+ 0.95	19	7493
44 + 5 61.8 + 2	5 61.8 +	* +		2.4	60.3	54.1	237	+8+	1.27	- 1.22	∞	7351
48 + 7 59.8 + 0	7 59.8 +	+		0.5	57.5	54.3	191	+ 46	1.80	- 1.10	14	6069
47 + 15 55.5	15	55.5	1		57.8	54.6	155	9+ +	0.65	- 1.33	∞	5289
33 + 5 50.0 +	5 50.0 +	+		1.2	52.4	52.6	103	+ 27	4.71	+ 2.02	22	7615
32 + 12 + 45.2 + 5.2	12 45.2 +	+		2.7	49.7	50.5	6†	+	3.69	+ 1.44	22	9130
21 + 7 37.6 -	7 37.6 -	1		1.7	46.5	48.3	30	× +	1.94	08.0	13	7065

JUNE

MAR. APR. MAY

Jan. Feb. July Aug. SEPT.

Oct.

Nov. Dec.

*In the forty-one years 1887-1927.

TABLE IX.

Meteorology and Mortality in each week of the year 1928.

_	WEEK.	1		d d	gy an		DEATHS		ch we				PERATU	RE	4	ej.	Se
-	WEEK.	18.	er	and up.			and	Ī	is of		0	f the A	ir.	of Ground	Move	nsbin	Inch
No.	Ending.	Total Deaths.	Deaths under 1 year.	Deaths 65 a	Measles.	1	Diarrhoea : Enteritis under 2.	Pulmonary Tuberculosis.	Other Forms Tuberculosis.	Respiratory Diseases.	Highest in Shade.	Lowest in Shade.	anc	Highest 4 feet Deep.	Horizontal Movement of Air in Miles.	Hours of Sunshine	Rainfall in Inches
1 2 3 4	Jan. 7 ,, 14 ,, 21 ,, 28	329 289 256 243	30 33 23 34	138 109 110 93	_	3 1 —	6 3 4 5	17 26 22 19	3 5 2 8	78 56 53 43	54° 49 54 51	27° 33 33 32	39° 42 41 40	44.2° 43.8 44.1 44.3	2172 2194 2031 2367	3.5 14.3 13.6 15.4	0.93 0.74 1.60 0.97
5 6 7 8	Feb. 4 ,, 11 ,, 18 ,, 25	230 225 225 206	34 26 25 15	91 89 75 78	=	- 1 1 2	4 2 3 1	8 25 18 21	$\frac{2}{4}$	35 41 36 27	49 51 53 53	32 34 35 32	39 42 44 41	44.3 44.4 44.6 44.7	2146 2727 2345 1156	15.4 12.9 10.0 12.6	0.98 0.83 0.77 0.00
9 10 11 12 13	Mar. 3 ,, 10 ,, 17 ,, 24 ,, 31	198 221 242 239 221	17 16 20 21 23	83 92 91 88 88		1 7 7 2 3	1 2 4 1 3	13 13 18 18 21	2 3 4 1 3	29 46 41 43 38	56 64 55 57 57	30 30 25 34 34	43 43 36 47 44	44.8 44.9 44.9 44.4 44.5	1219 1141 1462 1887 1745	20.8 14.0 8.5 12.4 24.9	0.58 0.02 0.17 0.92 0.77
14 15 16 17	April 7 ,, 14 ,, 21 ,, 28	215 224 220 226	30 24 31 23	79 83 88 89		6 3 4 3	3 4 4 5	16 18 9 22	4 2 4 3	43 36 38 33	56 64 48 72	35 37 29 31	45 49 38 52	44.7 44.8 45.0 44.7	1445 1856 1904 1478	32.6 17.7 32.9 30.2	0.39 0.89 0.14 0.01
18 19 20 21	May 5 ,, 12 ,, 19 ,, 26	189 159 205 214	20 14 18 28	66 54 70 80	_ _ 1 1	8 10 6 8	3 1 1 1	12 12 18 18	3 1 1 1	21 22 31 35	70 70 59 66	44 35 37 37	54 49 47 49	46.0 46.8 46.8 46.7	1591 1280 1714 1647	31.8 44.1 15.6 17.5	0.09 0.00 0.26 0.15
22 23 24 25 26	June 2 ,, 9 ,, 16 ,, 23 ,, 30	203 198 189 195 197	21 12 24 14 23	70 71 68 78 62	4 - 4 3	7 4 3 6 7	1 1 1 3	19 21 20 13 26	$\begin{array}{c} 2\\1\\3\\-4\end{array}$	32 35 27 24 19	75 72 75 68 68	44 42 41 39 46	59 57 53 55 56	48.0 49.5 49.7 49.7 50.4	1721 1389 1768 1588 2057	32.5 42.2 48.9 38.8 38.2	0.00 1.00 0.88 0.32 0.81
27 28 29 30	July 7 ,, 14 ,, 21 ,, 28	180 176 152 183	20 19 19 17	63 70 50 64	$\frac{2}{-}$	3 4 3 5	2 1 2 5	17 12 16 14	2 2 2 2 5	18 22 15 17	68 81 83 77	45 48 52 50	57 63 65 64	50.6 51.6 53.3 54.0	1804 1633 1742 1568	31.9 79.8 71.8 34.9	0.15 0.01 0.00 0.03
31 32 33 34	Aug. 4 ,, 11 ,, 18 ,, 25	171 170 181 144	26 20 11 14	61 66 64 44	1 1 —	7 3 6 4	8 1 3	12 8 13 12	3 2 2 1	17 23 16 12	68 76 70 71	44 51 50 49	56 62 60 61	54.1 53.8 54.1 54.2	1373 1599 1696 1672	44.4 44.0 50.8 30.9	1.09 0.25 0.14 0.68
35 36 37 38 39	Sept. 1 8 15 22 29	167 161 160 162 194	20 25 16 23 20	54 58 59 52 66	3 1 1 1 1	$\begin{array}{c c} - \\ 3 \\ 3 \\ 3 \\ 1 \end{array}$	5 9 3 13 5	12 15 9 11 16	3 2 2 2 2 2	15 11 17 10 18	69 79 69 66 61	49 49 46 41 38	59 62 58 54 49	54.3 54.5 54.6 54.5 54.0	1269 1525 959 1129 1388	48.2 57.2 36.4 32.5 12.9	0.70 0.22 0.10 0.03 0.30
40 41 42 43	Oct. 6 , 13 , 20 , 27	177 190 213 187	24 17 25 17	77 86 62 73	1 4 1	$-\frac{2}{1}$	6 4 4 1	10 14 14 18	2 2 2 1	21 18 37 18	60 65 61 56	33 37 39 37	49 52 51 48	52.9 52.3 52.0 51.6	1208 1436 1838 2141	35.6 20.3 17.6 22.7	0.43 1.03 1.45 1.71
44 45 46 47	Nov. 3 ,, 10 ,, 17 ,, 24	187 201 166 193	15 17 14 11	70 71 65 87	1 - -	3 1 2 —	$\frac{2}{2}$	17 19 13 13	1 5 1 3	20 19 19 25	54 50 58 58	35 32 39 40	46 40 49 49	50.8 50.3 49.2 49.2	1876 1216 2314 2696	21.0 9.6 16.6 6.8	0.31 0.23 1.30 1.31
48 49 50 51 52	Dec. 1 ,, 8 ,, 15 ,, 22 ,, 29	189 220 205 260 250	24 32 18 23 18	77 79 81 98 124	$\begin{array}{c} \frac{1}{2} \\ - \end{array}$	2 1 1 1 2	1 9 2 4 1	13 16 21 24 17	- 3 2 -	22 29 12 46 45	54 51 38 47 54	33 30 21 29 32	39 33 38 39	49.0 48.1 47.5 46.2 45.5	2515 1259 1496 1518 1781	10.1 15.1 2.9 4.5 7.4	0.62 0.02 0.23 0.44 0.83
	1																

INDEX.

	A				Page	M F	PAC
Acts, Adoptive, in for	ce	••••	*****		26	Maternal Mortality	117
Ambulances		*****			22		102
Anterior Poliomyelitis					62		115
Anti-tuberculosis Cen	tre	*****	****		70		113
Area of City					7		114
Atmospheric Pollution	1	*****		*****	32	3.4	115
	В					Measles	53
	D					3.51.3	$\frac{46}{116}$
Babies' Hospital					112	Milk Supply	42
Bacteriological Labor	atory				85		103
Births		•	*****		8 18		
Bronchitis Bye-Laws in Force	•••••	••••	*****		26	N	
Bye-Laws in Potce	••••	*****			20	Nuisances	31
	C					Nursing	23
C 1 P 4-					2.4		117
Canal Boats	••••	••••	••••	*****	34 14		
Carnegie Institute					104	0	١.
Cerebro Spinal Fever					63	Officers, Public Health	22
Child Mortality		••••		*****	97	Ophthalmia Neonatorum	1 19
Child Welfare Centres		••••			102	Р	
City Hospitals					85	The second secon	
Clinics		••••			22	Pneumonia 18 and	
Common Lodging Ho					34	Polioencephalitis	$-63 \\ -62$
Convalescent Home	•		*****		115 43	Poliomyelitis Population	7
Cows and Cowsheds	•••••	••••	*****	*****	40	Public Health Officers	22
	D					Puerperal Sepsis	118
					10		115
Deaths	••••	••••		••••	10		
Diarrhoea Dinners for Mothers	••••	*****	•••••		97 115	R	
Diphtheria					55	Rateable Value	7
Diphtheria, Immunisa	ation				58	Refuse Disposal	29
Disinfection					89	Respiratory Diseases	18
Dysentery	••••				60	Rivers and Streams	27
	_					s	
	E						-
Encephalitis Lethargi	ca		*****	*****	63	Sanatoria	78 30
Enteric Fever		••••			51	Sanitary Inspection Scarlet Fever	54
						Scavenging	29
	F					Schools	38
Factories and Worksh	iops				36	Sewerage	29
Food, Inspection of					46	Shops Acts	37
Food Poisoning	••••	••••		••••	61	Slaughterhouses ·	46
						Smallpox	$\frac{52}{20}$
	Н					Smoke Nuisances Staff	$\frac{32}{22}$
Health Visitors	••••	•••••	•••••	•••••	25	Ctillbintha	97
Heart Diseases		 T.T. = 22.0			16	Syphilis	84
Heathfield Road Mate Home Helps	-			••••	113 114	D) Plants and a man and a man	
Home Helps Hospital, Babies'	••••				112	T	
Hospitals, City		****			85	Tonsils and Adenoids	113
Hospital Provision					21		110
Hours of Closing Act,	1928	*****	••••		37	Treatment of Ear, Nose, Throat, and Eye	
House Inspection		••••	••••		40		113
Houses Let in Lodgin	_	••••		•••••	34	Tuberculosis	64
Houses, No. of	••••	••••	*****	••••	7 40	Tuberculosis Dispensary	70 78
Housing in 1928	••••	••••	••••		40	Tuberculosis Sanatoria Tuberculosis and Milk Supply	44
	1					Tuberculosis Visitors	69
Illegitimacy					9		
Immunisation against	Dipht	heria			58	V	
Infant Mortality			*****		91	Vaccination	53
Infant Visitors, Work					102	Venereal Diseases	84
Infectious Diseases		••••			51	Visitors, Health	25
Influenza ·					59	Visitors, Infant 1	102
Institutions, Deaths i	n				20	Visitors, Tuberculosis	69
	L					w	
					0.0		103
Legislation in Force	••••	••••		*****	26 109	Walker Mothercraft Shield l Water Supply	27
Light Clinics Light Clinic, Yardley	Road	Sanato			82	Whooping Cough	55
Lodging Houses	21044	Zanato.			34	Workshops	36











